DOCUMENT RESUME

ED 081 158 EC 052 522

TITLE	Designing Facilities for Language, Speech and Hearing Programs in Florida Public Schools.
INSTITUTION	Florida State Dept. of Education, Tallahassee. Education for Exceptional Children Section.
PUB DATE	Jul 73
NOTE	108p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	*Aurally Handicapped; Building Design; Educational Facilities; *Exceptional Child Services; *Facility Improvement; Mobile Classrooms; Program Planning; *Speech Handicapped; State Departments of Education; *State Surveys
IDENTIFIERS	Florida

ABSTRACT

Reported are results of a needs survey and of specific planning processes concerning facilities for the approximately 45,000 language, speech, and hearing handicapped school age children in Florida. Detailed are findings from clinician completed questionnaires in regard to available space and physical structure factors which deter a child from hearing, seeing, or acquiring language in individual schools, mobile speech and hearing units. Some of the results given indicate that in 1969-1970, 1,259 of Florida's 1,854 schools served 32,523 children with therapy; that only 64 of 342 schools built after 1960 had facilities for language, speech, and hearing therapy; and that most clinicians used the library conference room or other inadequate areas, such as the custodian's storage area. Appended are examples of the three questionnaires. Planning processes are described in terms of the planners and the format for writing specifications for instructional programs and ancillary services. Included are specifications for housing language, speech, and hearing programs in Florida's public schools; for a language, speech, and hearing facility serving 50,000 school age children with evaluations, diagnostic therapy, and inservice education; for facilities to house preschool programs for children with severe language disorders; and for mobile unit design. Typically included in a specification is a program description, and analyses of needs in relation to space, equipment, furniture, special considerations, and space relationships. Suggestions are made regarding space and equipment required by itinerant personnel, and the appropriate number of language, speech, and hearing centers within individual school plants. (MC)

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ED 081153

DESIGNING FACILITIES FOR LANGUAGE, SPEECH AND HEARING PROGRAMS IN FLORIDA PUBLIC SCHOOLS

This public document was promulgated at an annual cost of $477.73 or $.95 per copy to assist district language, speech and hearing personnel in determining facility designs.

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EC052522

FLORIDA DEPARTMENT OF EDUCATION
Division of Elementary and Secondary Education
Bureau of Curriculum and Instruction
Education for Exceptional Children

July, 1973

DESIGNING FACILITIES FOR LANGUAGE, SPEECH AND HEARING PROGRAMS IN FLORIDA PUBLIC SCHOOLS

Section One: Needs Assessment

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OVER-ALL STATEMENT

Facilities For Language, Speech and Hearing Programs

Florida Public Schools

During the 1970's, school district programs providing appropriate assistance to Florida's communicatively handicapped children will be represented by many formats. Included in these program designs will be:

- Classrooms will be provided for young children with severe language disabilities; the language and speech clinician will be their classroom teacher.
- The open school concept will be utilized by the clinicians as an excellent facility for assisting children with communication disorders in their every day environment.
- Individual therapy for the severely handicapped child will be provided each day, more than once a day.
- Kiosks will be available at each school center where students can practice their communication skills alone.
- Prevention of language, speech and hearing disorders will be part of the curriculum from kindergarten to twelfth grade.
- Students in secondary grades will receive credit for language, speech and hearing therapy.

It is obvious that the instructional space for particular children with communication disorders will differ as the needs of the children differ. What is good for the handicapped, however, has been proven good for the nonhandicapped. The need for privacy; the need for small group activity centers; the need for adequate acoustical protection; the need for glare-proof, shadow-proof, lighting; the need for ventilation and appropriate temperature control; all of these are characteristics of facilities which each child and professional personnel require . Space, equipment, furniture and special considerations for language, speech and hearing programs are presented on the following pages.

NEEDS ASSESSMENT OF LANGUAGE, SPEECH AND HEARING FACILITIES IN FLORIDA PUBLIC SCHOOLS

Chapter I

Profile of Facilities Utilized by Language, Speech and Hearing Clinicians, Florida Public Schools.

Statement of Problem:

Verbal communication is man's most unique and complex ability. Any disturbance to the natural development of speech: its rhythm, pitch, quality, articulation, spoken vocabulary or syntax, exposes the speaker to possible educational retardation, self-frustration, and social discomfort. [1]

No fewer than 45,000 Florida school age children are educationally handicapped because of a language, speech or hearing disorder. Our Florida schools have designed a program of instruction and remediation for these handicapped children. This program consists of four major factors:

1. Employing qualified language, speech and hearing clinicians;
2. Providing professional tools to the language, speech and hearing clinicians. These tools directly assist the habilitation of children with communicative disorders;
3. Providing appropriate inservice education for the language, speech and hearing clinicians within each school district so that continual growth of professional knowledges and skills of the clinician will directly assist Florida's children;

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[1] Approved Guidelines For The Preparation of Speech Correctionists, State of Florida Department of Education, Officially approved by TEAC, March 1971

4. Providing adequate therapy facilities so that each child with a communicative disorder will have an opportunity to hear and see spoken language and speech in an undistorted, concentrated form; each child will have privacy when expressing his frustrations about his speaking ability; each child will have room space available where he may act out his frustrations, demonstrate through action that he understands the spoken word and space to work individually with the professional tools provided.

This particular study was designed to analyze the space available in Florida public schools for language, speech and hearing programs, 1969-70. The goal of this study was to acquire a profile of these existing facilities, and to analyze what physical structural factors of a given school facility hampered the child to hear, see and demonstrate his acquisition of the spoken word. Based on this analysis, what were the needs of Florida public schools in the way of appropriate facilities?

Description of Procedures:

Procedures- In April, 1970 a State-wide survey was made of facilities being used by language, speech and hearing clinicians in Florida public schools. The survey consisted of three major questionnaires:

a) Questionnaire A was to be employed by a clinician when describing an individual school facility.

b) Questionnaire B was to be employed by a clinician when describing an individual mobile speech and hearing unit.

c) Questionnaire C was used in conjunction with (b) above and was employed by a clinician to describe the individual school sites which the mobile unit served.

These questionnaires were designed by the Education for Exceptional Children Section staff with the assistance of the Bureau of Research and the Bureau of School Plant and Facilities, Florida Department of Education. A medium size school district providing speech, language and hearing services in more than one school facility and employing the use of a speech mobile unit analyzed and completed the pilot questionnaires from which Questionnaires A, B, and C were finalized.

Questionnaire A

Facility Survey-Speech and Hearing Therapy--Florida Public Schools

1969-70

Questionnaire A consisted of five major sections plus general identification data pertaining to the particular school being analyzed and a tabulation sheet presenting a tentative rating of the facility's adequacy.

The general data sheet requested the name of the county; name and official number of the school; its location; the grades within the school; number of teachers within the school; school enrollment; date of survey report and the clinician completing the survey.

The five major sections of Questionnaire A were:

Section I: Present status of therapy within the school: how many children have been receiving therapy within school; how many on waiting list; do children from other schools use this school for therapy?

Section II: Was there a room specifically designed and built for speech, language and hearing at this school site? If so, what is room being used for at this time?

Section III: Description of the building in which speech, language and hearing therapy was offered at this school site. Two major aspects were presented here: (1) the material out of which the building was made, and (2) age of building and the geographical location of the therapy room inside the school building.

Section IV: Where speech, language and hearing therapy was offered within the school building. Possible room titles were presented in alphabetical order. i.e., cafeteria, conference room, hallway.

Section V: Twenty-five (25) items were listed presenting details of the therapy area. Each item was designed to concentrate on the physical aspects of the room as they affected the noise factor; possible motion by speech clinician and students; privacy; temperature control; illumination of room; adaptability for use of electrical equipment; esthetics. Also, these twenty-five items

reflected the use of capital outlay moneys. Such items as blackboards, mirrors, bulletin boards were not included as items to be analyzed in this survey because they could be purchased or obtained through the appropriate use of the special funds for equipment provided for each new exceptional child unit allocated to a school district.

The tentative rating scale was determined by weighting each possible answer in Section V. These weighting factors were derived from subjective analysis by the examiner and by correlating these factors with the State of Florida, Department of Education, Accreditation Standards For Florida Schools, 1968-69. The numerical scale for possible item-rating ranged from the numerical value of zero to the numerical value of three with the intervals of 0.5, 1.0, 1.5, 2.0, and 2.5. The highest score obtainable for a facility as rated by Questionnaire A was 60. An arbitrary scale was devised for the clinician doing the survey to use as a guide. This arbitrary scale was:

56-60 = an excellent facility;
46-55 = an adequate facility;
26-45 = a minimal facility;
25 and below = below minimal facility.

Each of the 303 language, speech and hearing clinicians working in the 46 Florida school districts was sent Questionnaire A either directly or indirectly via his coordinator of the school district speech and hearing program. A copy of this Questionnaire A with an explanatory letter was sent to the school district superintendent and director of special education of the district. (Appendices A and B)

During the school year of 1969-70, there were 1,854 school facilities in the State in which therapy could be provided; of these, 1259 facilities were serviced by school clinicians either througn therapy in the school building or in a mobile speech unit. Approximately 1,900 Questionnaire A's were printed and distributed to all 67 school districts in appropriate numbers per school district.

A return date of one month for the completed questionnaires was requested of the clinicians.

Questionnaire B

Description of Speech and Hearing Mobile Unit--Florida Public School Year 1969-70

Questionnaire B limited itself to requesting information pertaining to mobile units for language, speech and hearing therapy. This Questionnaire consisted of two major sections.

Section I: General information pertaining to the size of the mobile unit and its operational features. i.e., transmission, braking, and electrical supply.

Section II: This section paralleled Section V of Questionnaire A. The questions here requested descriptions of the features of the therapy area. Among the 20 items, Section II of Questionnaire B, were those items on light control; heating; cooling; and sound control.

A rating scale was determined by weighting each given answer in Section II. This scale was designed and implemented in the same manner as the rating scale for Questionnaire A. The ratings extended from 0.0 to 41.5.

38.0 - 41.5 = an excellent mobile unit;

33.0 - 37.5 = an adequate mobile unit;

26.0 - 32.5 = a minimal mobile unit;

25.5 and below = below minimal mobile unit

It was estimated that there were approximately 14 school districts with language, speech and hearing mobile units in operation. Each of the 67 school district superintendents and special education coordinators was sent a copy of the mobile unit questionnaire. Two hundred Questionnaire B's were printed and mailed in appropriately sized packets to each of the 46 school districts with therapy programs.

A return date of one month for the completed questionnaires was requested of the clinicians.

Questionnaire C

Speech and Hearing Mobile Unit--School Site Survey--Florida Public Schools
1969-70

Questionnaire C was designed to describe the conditions at the school site where a mobile unit was employed by the clinician as the language, speech and hearing facility. One copy of this Questionnaire C was to be completed by the clinician for each of the school sites at which the mobile unit was parked.

There were six sections to Questionnaire C. The basic section requested general information about the school site. These data were comparable to the general information section in Questionnaire A. The name, number and location of the school were requested as were the number of grades, children and teachers in the school, and the name of the person completing the survey.

Section I: Questionnaire C asked whether there had been a room specifically designed and built for speech therapy at this school site.

Section II: How many children were receiving therapy at this school and how many were on the waiting list.

Section III. Would therapy be provided to this school the forthcoming year.

Section IV. This section consisted of six questions each of which analyzed the parking site itself at the school for the mobile unit. The questions dealt with

access to the mobile unit by students; convenience of parking area to flow of school traffic; whether parking area was level or tilted; surfacing of parking area; location of the electrical outlet at the school site; did the school require special electrical wiring for this mobile unit.

Comments and recommendations were requested of the clinician at the end of Questionnaire C. No rating scale was employed to evaluate the school site parking area.

Each school district superintendent and special education coordinator in Florida's 67 school districts received a copy of Questionnaire C. Approximately 400 Questionnaire C's were printed and sent to the appropriate school district personnel.

A return date of one month for the completed questionnaires was requested of the clinicians.

RESULTS

Questionnaires A, B and C were completed by Florida school speech, language and hearing clinicians and returned to the Education for Exceptional Children office by May 15, 1970. Forty-five (45) of the 46 school districts where therapy was being provided were represented. Of the 303 clinicians, 281 participated. This was 92.7%of the clinicians providing therapy in Florida's public schools.

Of the possible 1,259 questionnaires which could have been returned describing each of the facilities in which therapy was provided during 1969-70, a total of 1,017 completed Questionnaire A's were returned and 160 Questionnaire C's representing 160 school sites served by mobile units. The total number of facilities surveyed was 1,177 or 93.5% of the possible school facility surveys which could have been completed.

Thirty language, speech and hearing mobile units were described through the use of Questionnaire B by clinicians in 14 school districts. (Table I)

Questionnaire A Results

The information obtained from Questionnaire A was collated for each survey item pertaining to each school facility and these collations were listed according to the school district.

The detailed analysis of each facility obtained by Questionnaire A was extensive in nature; therefore, selected items from the general information section and Sections I-V are being presented in this paper. The selection of the items to be presented in this paper was determined by the researcher on the basis of requests from clinicians throughout the State and from administrators of exceptional child programs. The selected items were:

General Information:	Number of teachers within schools being analyzed; school enrollment
Section I:	How many children receive speech, language and hearing therapy at this school? On waiting list?
Section II:	Was there a room specifically designed and built for speech, language and hearing therapy at this school site?
Section III:	Approximate year when building in which speech, language and hearing therapy is offered was built.
Section IV:	Where is language, speech and hearing therapy offered within this school building?
Section V:	Interruptions by children/or teaching personnel entering therapy area during therapy sessions; use of therapy area; size of room in sq. feet; artificial lighting; light control; heating; cooling; ventilation control; access to therapy area; electrical outlets within therapy area; observation facilities.

Table I

	# of clinicians reporting	# of clinicians employed	# of Questionnaire A's on school facilities	# of schools serviced by mobile units	# of facilities served according to End of Year Report, 1969-70		# of clinicians reporting	# of clinicians employed	# of Questionnaire A's on school facilities	# of schools serviced by mobile units	# of facilities served according to End of Year Report, 1969-70
Alachua	6	6	21	3	12	Lake	3	3	0	27	27
Baker						Lee	4	4	24	6	29
Bay	4	4	8	16	24	Leon	9	11	18		22
Bradford						Levy	2	2	5		5
Brevard	16	16	46	0	59	Liberty					
Broward	26	26	128	3	129	Madison					
Calhoun						Manatee	1	1	REPORT**		6
Charlotte	2	2	2	3	6	Marion	4	4	13	12	25
Citrus	1	1	Just beginning		8	Martin	1	2	0	5	7
Clay	2	2	12		11	Monroe	1	1	4		7
Collier	2	2	12		12	Nassau	1	1	8		5
Columbia						Okaloosa	4	4	6	15	21
Dade	47	54	187	0	228	Okeechobee					
DeSoto	2	2	5		5	Orange	16	16	84		91
Dixie						Osceola	1	1	5		4
Duval	12	12	27		39	Palm Beach	12	12	35	28	63
Escambia	8	11	28	0	36	Pasco	2	2	17		7
Flagler						Pinellas	22	22	74	0	77
Franklin	0	1	NO	REPORT		Polk	7	7	23		23
Gadsden	2	2	13		13	Putnam	2	2	9	9	12
Gilchrist						St. Johns	2	2	11		11
Glades						St. Lucie	4	4	10		17
Gulf						Santa Rosa	0	1	NO REPORT		9**
Hamilton						Sarasota	6	6	25		30
Hardee	1	1	4		5	Seminole	4	4	13	4	16
Hendry						Sumter					
Hernando	1	1	6		5	Suwannee					
Highlands	1	2	7	10*	10	Taylor	1	1	3		3
Hillsborough	22	22	89		83	Union	1	1	3		4
Holmes	1	1	0	6	6	Volusia	9	9	29		26
Indian River						Wakulla					
Jackson	2	2	0	13	14	Walton					
Jefferson	2	2	3		3	Washington	2	2	5		4
Lafayette											
TOTALS:	160	178	593	54	708		121	125	424	106	551

92.7% of clinicians completed surveys
93.5% of facilities receiving service were surveyed
Number of mobile units: 30
Total # of clinicians completing questionnaires: 281
Total # of clinicians employed, 1969-70: 303
Total # of completed reports on schools with facilities in them: 1017
Total # of completed reports on schools served by mobile units: 160
Total # of facilities reported served by clinicians, 1969-70: 1259

*Testing of hearing
**Work within classrooms with teachers 1969-70
***1 clinician 1/2 year

Relationships between where therapy was provided in the school and the number of interruptions by children/or teaching personnel entering the therapy area during therapy sessions were studied. Relationships between sound control, flooring and ceiling surface were also analyzed.

A school district chart was designed illustrating the results of the tentative rating scale for adequacy of the school facility.

General Information

Within the 1,017 school facilities analyzed through the use of Questionnaire A by the participating clinicians there were 29,601 teachers and 721,786 school aged children.

Section I

There were 29,679 children reported as receiving language, speech and hearing therapy within school buildings. There was a waiting list of 7,514 children reported on the Questionnaire A returns.

Section II

Of the 1,017 school buildings represented in the Questionnaire A results, 64 facilities were reported by the participating clinicians to have had rooms built expressly for language, speech and hearing therapy. Of these 64 facilities, 12 were not used for therapy at this time but were used for remedial reading, other special education programs or school office or storage space. Two school districts, Brevard and Orange, had the most facilities originally designed for therapy. Brevard had 7 facilities, Orange had 22 facilities.

Section III

The range of age of the buildings in which language, speech and hearing therapy was offered was from year 1880 to 1970. There were 210 schools reported built from 1960-65 and 132 schools reported built from 1966-70 in which therapy was given, 1969-70.

Section IV

There were 994 Questionnaire A's which were completed on each of the 25 items presented in Section V and this Section IV. These 994 school facilities will constitute the core of information to be presented in Section IV and Section V.

The category of space utilized most by clinicians was the one entitled, "Other" and given the alphabetical code of N in this study. The precise names of the room space being described by the category N are listed in Figure I. There were 156 facilities of the 994 school facilities which were in the N category.

The library conference room was the highest rank of the specific room space within a school utilized for language, speech, hearing therapy. There were 130 school buildings in which the library conference room was the therapy room. Also, there were 118 conference rooms other than the library utilized by clinicians; there were 108 schools where storage rooms were utilized. The smallest number of facilities under the specific category presented in Section IV to be used for therapy was the hallway with 7 schools being classified here.

For details of the ranking, Figure II is presented.

FIGURE I

Category "Other" Section IV - Questionnaire A
Description of the rating N as it applied to the areas used in 156 schools for language, speech and hearing therapy. Descriptions are those of clinicians.

Designated classrooms in school

Art room	4
Choral room	1
Driver education	1
Music room	9
Special education room	12

Home economic suite

Dining room	2
Home economic room	2
Kitchen	1
Bedroom	1

Special activities rooms

School patrol room	1
Special activities	2
Auditorium	1
Clubroom	1
Multipurpose room (with storage component)	9
Teachers' workroom	11
Audio/visual room	3
Materials center	1
Workroom-library	9
Professional library	1
Popcorn and snowball room for PTA	1
Ticket booth at gym	1
Reference room	1
Teachers dining room	1

Unused offices and rooms

Unused office	11
Teacher aides office	1
Auditorium foyer	1
Room off auditorium	2
Physical education and storage room	1

Custodial facilities

Custodian supply room	1
Small room used to house electric switches	1

Facilities removed from school site

Portable away from building	8
Old dressing and shower room behind school	1
Old house	1
Old barracks	1
Old school bus on grounds	3
Cottage where custodian lived once upon a time	1

Other categories

Roving classroom	7
Unspecified	34

FIGURE II

Rank order of areas which served as language, speech and hearing therapy facilities in 994 schools, 1969-70. Based on Section IV--Questionnaire A.

RANK	NUMBER OF FACILITIES	SYMBOL*	DESCRIPTION
1	156	N	Other. See Figure I.
2	130	F	Library conference room.
3	118	B	Conference room other than library.
4	108	L	Storage room.
5	84	J	Therapy room either built expressly for therapy or modified room.
6	77	H	Other school personnel's office.
7	75	D	Health room.
8	72	O*	Regular classroom.
9	55	E	Library.
10	41	I	Reading clinic.
11	28	K	Stage.
12	19	A	Cafeteria.
13	13	G	Principal's office.
14	11	M	Teachers' lounge
15	7	C	Hallway.

* The O category was created from the category N where these 72 classrooms were clearly specified by the participating clinicians.

Section V

The various rooms in which therapy was offered in 994 schools were tabulated in Section IV, Figure II. These facility areas employed for language, speech and hearing therapy were charted as to the number of interruptions they exhibited during a therapy day. Seventy-one of the areas for therapy were rated by the clinicians as having over 10 interruptions during a therapy day; 129 facility areas had five-nine interruptions during the therapy day. Of the 15 categories describing the therapy area used within the schools, the hallway and health room provided more occasion for interruptions than the other areas. (Table II)

Of the 994 facilities reported, 415 were listed as being less than 80 sq. ft. in size.
Of the 994 facilities reported, 63 facilities were lighted by a bare bulb only.
Of the 994 facilities reported, 197 would be in darkness with the failure of a single light bulb or light fixture.

Of the 994 facilities reported, 343 were without cooling when needed.
Of the 994 facilities reported, 88 were reported without heat when needed.
Of the 994 facilities reported, 241 were without ventilation control.

The three items concerning sound control, flooring and ceiling surface were combined for each of the 994 facilities to see if there was a pattern which supported better acoustical control within the given facilities. Of the 147 combinations of sound control, flooring and ceiling surface studied in this section, the largest number of facilities in any one category had hard synthetic floor surface and acoustical tile on the ceiling and were rated adequately quiet by the clinicians. (FigureIII)

The number of facilities rated A, no sound control with great degree of noise interfering with therapy, was 298 of the 994 facilities.

TABLE II

Facility areas employed for language, speech and hearing therapy in each of 994 school buildings and the number of interruptions these areas experienced during a therapy day.

INTERRUPTIONS	FACILITY AREAS															
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	TOTALS
Over 10 per day	5	1	2	9	7	3	1	4	3	2	4	8	0	15	7	71
5 - 9 per day	6	5	4	26	10	11	0	10	7	1	3	13	1	21	11	129
1 - 4 per day	7	48	1	24	21	62	8	41	18	24	10	62	10	72	34	442
No interruptions	1	64	0	16	17	54	4	22	13	57	11	25	0	48	20	352
TOTALS	19	118	7	75	55	130	13	77	41	84	28	108	11	156	72	994

Code:

A = Cafeteria
B = Conference room
C = Hallway
D = Health clinic
E = Library
F = Library conference room
G = Principal's office
H = Other personnel's office
I = Reading clinic
J = Speech, language and hearing therapy room
K = Stage
L = Storage room (books, gym, band, furniture, other)
M = Teacher's lounge
N = Other
O = Regular classroom (unused or free during therapy)

Figure III

RANK ORDER OF SOUND CONTROL RATING

IN RELATION TO FLOOR AND CEILING COVERAGE

Rank	Number of Facilities	Sound Control Floor Covering Ceiling Surface	Description
1	196	b c f	Adequately quiet. Hard synthetic floor surface and acoustical tile on ceiling.
2	87	b c c	Adequately quiet with hard synthetic floor and plaster ceiling.
3	57	a c f	Noisy with hard synthetic floor and acoustical tile.
4	56	b f f	Adequately quiet with carpet and acoustical tile ceiling.
5	47	a b c	Noisy, wooden floor, plaster ceiling.
6	39	c c f	Quiet in and out of facility with hard synthetic floor surface and acoustical tile ceiling.

The number of facilities rated B, adequately quiet majority of time for the hearing and speech tasks involved, was 587 of the 994 facilities.

The number of facilities rated C, noise from one space to another has been reduced to a level where it is not distracting or affecting usefulness of the therapy area or rooms and areas adjacent, was 109.

Number of facilities with carpeting was 124; 21 of these 124 (17%) were rated noisy by clinicians.

Number of facilities with ceiling acoustical tile was 461; 92 of these 461 (20%) were rated noisey by clinicians.

Number of facilities with both carpeting and acoustical tile was 87; 9 of these 87 (10%) were rated noisy by clinicians. Of the 9 facility areas rated noisy, one was a cafeteria, partitioned off; one was a curtained off area in a regular classroom; one was a primary learning center; three were open space facilities.

TABLE III

The number of language, speech and hearing facilities which were rated as having no sound control in relation to the flooring and ceiling surface of these facilities.

Key

Column 1 = Sound control where the facility is rated as having no sound control with great degree of noise interfering with therapy. Symbol =a.

Column 2 = Flooring. Symbols are: a=bare concrete; b=wooden; c-hard synthetic surface; d=soft synthetic surface; e=rugs; f=carpet; g=other.

Column 3 = Ceiling surface. Symbols are: a=hard tile; b=concrete; c=plaster; d=plaster board; e=wood; f=acoustical tile; g=other.

Column 4 = Number of facilities of the 994 which are in the category presented.

A COLUMNS				B COLUMNS				C COLUMNS				D COLUMNS				E COLUMNS				F COLUMNS				G COLUMNS			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
a	a	a	1	a	b	a	1	a	c	a	9	a	d	a	0	a	e	a	0	a	f	a	1	a	g	a	0
a	a	b	8	a	b	b	4	a	c	b	21	a	d	b	2	a	e	b	0	a	f	b	0	a	g	b	0
a	a	c	9	a	b	c	47	a	c	c	32	a	d	c	8	a	e	c	0	a	f	c	5	a	g	c	1
a	a	d	4	a	b	d	7	a	c	d	10	a	d	d	0	a	e	d	0	a	f	d	1	a	g	d	0
a	a	e	1	a	b	e	16	a	c	e	5	a	d	e	1	a	e	e	0	a	f	e	1	a	g	e	0
a	a	f	6	a	b	f	11	a	c	f	57	a	d	f	7	a	e	f	1	a	f	f	9	a	g	f	1
a	a	g	1	a	b	g	2	a	c	g	3	a	d	g	0	a	e	g	0	a	f	g	4	a	g	g	1

TABLE IV

The number of language, speech and hearing facilities which were rated as being adequately quiet the majority of time for the hearing and speech tasks involved in relation to the flooring and ceiling surfaces of these facilities.

Key

Column 1 = Sound control where the facility is rated as being adequately quiet majority of time for the hearing and speech tasks involved in relation to the flooring and ceiling surface of these facilities. Symbol = b

Column 2 = Flooring. Symbols: a=bare concrete; b=wooden; c=hard synthetic surface; d=soft synthetic surface; e=rugs; f=carpet; and g=other.

Column 3 =Ceiling surface. Symbols: a=hard tile; b=concrete; c=plaster; d=plaster board; e=wood; f=acoustical tile; and g=other.

Column 4 = Number of facilities of the 994 which are in the category presented.

A COLUMNS				B COLUMNS				C COLUMNS				D COLUMNS				E COLUMNS				F COLUMNS				G COLUMNS			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
b	a	a	1	b	b	a	2	b	c	a	10	b	d	a	0	b	e	a	1	b	f	a	1	b	g	a	0
b	a	b	16	b	b	b	2	b	c	b	26	b	d	b	2	b	e	b	0	b	f	b	3	b	g	b	1
b	a	c	14	b	b	c	24	b	c	c	87	b	d	c	9	b	e	c	1	b	f	c	9	b	g	c	0
b	a	d	5	b	b	d	15	b	c	d	23	b	d	d	2	b	e	d	0	b	f	d	4	b	g	d	0
b	a	e	1	b	b	e	17	b	c	e	13	b	d	e	2	b	e	e	0	b	f	e	3	b	g	e	0
b	a	f	8	b	b	f	6	b	c	f	189	b	d	f	20	b	e	f	6	b	f	f	56	b	g	f	2
b	a	g	1	b	b	g	1	b	c	g	1	b	d	g	2	b	e	g	0	b	f	g	1	b	g	g	0

TABLE V

The number of language, speech and hearing facilities which were rated as noise from one space to another has been reduced to a level where it is not distracting or affecting usefulness of the therapy area or rooms and areas adjacent in relation to the flooring and ceiling surface of these facilities.

Key

Column 1 = Sound control where the facility is rated as noise from one space to another has been reduced to a level where it is not distracting or affecting usefulness of the therapy area or rooms and areas adjacent in relation to the flooring and ceiling surface of these facilities. Symbol = c.

Column 2 = Flooring. Symbols: a=bare concrete; b=wooden; c-hard synthetic surface; d=soft synthetic surface; e=rugs; f=carpet; and g=other.

Column 3 = Ceiling surface. Symbols: a=hard tile; b=concrete; c=plaster; d=plaster board; e=wood; f=acoustical tile; and g=other.

Column 4 = Number of facilities of the 994 which are in the category presented.

A COLUMNS				B COLUMNS				C COLUMNS				D COLUMNS				E COLUMNS				F COLUMNS				G COLUMNS			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
c	a	a	0	c	b	a	0	c	c	a	3	c	d	a	0	c	e	a	0	c	f	a	1	c	g	a	0
c	a	b	0	c	b	b	0	c	c	b	3	c	d	b	0	c	e	b	2	c	f	b	0	c	g	b	0
c	a	c	2	c	b	c	2	c	c	c	5	c	d	c	0	c	e	c	0	c	f	c	2	c	g	c	0
c	a	d	0	c	b	d	1	c	c	d	6	c	d	d	0	c	e	d	0	c	f	d	0	c	g	d	0
c	a	e	0	c	b	e	1	c	c	e	2	c	d	e	1	c	e	e	0	c	f	e	1	c	g	e	0
c	a	f	0	c	b	f	4	c	c	f	39	c	d	f	9	c	e	f	1	c	f	f	22	c	g	f	0
c	a	g	0	c	b	g	0	c	c	g	1	c	d	g	0	c	e	f	0	c	f	g	0	c	g	g	0

Access to therapy area:

Of the 994 facilities reported in detail, at 108 schools children were without protection from weather to and from therapy.

Electrical outlets within therapy area:

Forty (40) schools were reported as not having an electrical outlet in therapy room.

Observation facilities:

Of the 994 facilities, 160 had no space available for another adult to be present within the therapy area. Three (3) facilities reported had an observation room adjacent to the therapy room.

Tentative Numerical Rating of Language, Speech and Hearing Facilities:

Based on the written comments provided by the participating clinicians, the rating scale originally developed with its arbitrary divisions pertaining to standards, was altered slightly. Upon analysis of the comments, any facility rated 35.0 and below was more often than not, a poor facility as to size, aesthetics, and heat control. Those facilities rated 30.0 and below were almost consistently below minimal rating.

Of the 39 school districts where therapy was provided within school buildings, three large school districts were providing therapy in facilities of which 50% were rated possible level one or below; these school districts were: Broward, Escambia and Hillsborough.

There were 419 facilities throughout the State which were rated possible level one and below. These 419 facilities constituted 41.2% of the facilities surveyed by the participating clinicians. (See Table VI)

Table VI

TENTATIVE
NUMERICAL RATINGS OF SPEECH, LANGUAGE AND HEARING
FACILITIES IN SCHOOL BUILDINGS*

April, 1970

	25 and below	25.5 - 30.0	30.5 - 35.0	35.5 - 45.0	45.5 - 49.5	50.0 - 54.5	55.0 - 60.0	TOTAL
Alachua	1	5	3	6	3	3	0	21
Baker								
Bay	0	2	2	4	0	0	0	6
Bradford								
Brevard	2	2	7	18	7	6	4	46
Broward	17	23	31	45	11	1	0	128
Calhoun								
Charlotte	0	0	1	1	0	0	0	2
Citrus								
Clay	1	2	3	6	0	0	0	12
Collier	0	0	2	10	0	0	0	12
Columbia								
Dade	18	15	43	74	24	8	0	182
DeSoto	0	1	2	2	0	0	0	5
Dixie								
Duval	1	1	5	11	6	2	1	27
Escambia	7	10	5	6	0	0	0	28
Flagler								
Franklin								
Gadsden	4	3	3	3	0	0	0	13
Gilchrist								
Glades								
Gulf								
Hamilton								
Hardee	1	0	1	2	0	0	0	4
Hendry								
Hernando	0	0	0	2	1	2	1	6
Highlands	0	0	2	2	1	2	0	7
Hillsborough	19	14	20	32	3	1	0	89
Holmes								
Indian River								
Jackson								
Jefferson	0	1	1	0	1	0	0	3
Lafayette								

	25 and below	25.5 - 30.0	30.5 - 35.0	35.5 - 45.0	45.5 - 49.5	50.0 - 54.5	55.0 - 60.0	TOTAL
Lake								
Lee	2	0	5	16	1	0	0	24
Leon	2	2	3	7	2	2	0	18
Levy	0	1	0	4	0	0	0	5
Liberty								
Madison								
Manatee								
Marion	1	2	1	8	0	0	1	13
Martin								
Monroe	0	0	0	4	0	0	0	4
Nassau	0	0	1	7	0	0	0	8
Okaloosa	1	3	1	2	0	0	0	6
Okeechobee								
Orange	6	11	8	39	13	6	1	84
Osceola	0	0	0	5	0	0	0	5
Palm Beach	4	3	8	17	1	0	2	35
Pasco	0	1	1	9	3	3	0	17
Pinellas	9	8	13	33	8	1	2	74
Polk	3	2	4	11	2	1	0	23
Putnam	0	0	1	7	1	0	0	9
St. Johns	1	3	2	5	0	0	0	11
St. Lucie	0	2	0	3	4	0	1	10
Santa Rosa								
Sarasota	0	1	5	13	5	1	0	25
Seminole	2	0	1	8	1	0	1	13
Sumter								
Suwannee								
Taylor	2	0	0	1	0	0	0	3
Union	0	0	0	3	0	0	0	3
Volusia	1	2	5	16	3	1	0	29
Wakulla								
Walton								
Washington	1	0	2	1	1	0	0	5

TOTALS:

25.0 and below	= 106	* below minimal standards
25.5 - 30.0	= 120	below minimal
30.5 - 35.5	= 193	possible level one
35.5 - 45.0	= 442	level one
45.5 - 49.5	= 102	level one, possible level two
50.0 - 54.5	= 40	level two
55.0 - 60.0	= 14	level two and qualify as models
	1017	

* Based on responses to the 25 items, Section V, Questionnaire A .

LANGUAGE, SPEECH AND HEARING

MOBILE UNIT DESCRIPTIONS

Results: Fourteen school districts reported on a total of 30 mobile units. The total number of students receiving therapy in these units was 2975; the total number of teachers in schools where mobile units were the facility was 3934; total student population was 85,331.

I. Outside Length

Of the 30 mobile units, the length ranged from 12 feet in length to 28 feet.

12 feet = 2 units
13 feet = 4 units
14 feet = 6 units
15 feet = 3 units
16 feet = 1 unit
17 feet = 1 unit
18 feet = 2 units
20 feet = 1 unit
21 feet = 4 units
23 feet = 1 unit
24 feet = 3 units
27 feet = 1 unit
28 feet = 1 unit

II. Outside width of mobile units

The outside width ranged from 5 feet to 8 feet.

5 feet = 1 unit
5' 9" = 4 units
6 feet = 7 units
6' 8" = 3 units
6' 9" = 1 unit
7 feet = 3 units
7' 1" = 1 unit
7' 3" = 1 unit
7' 4" = 1 unit
7' 8" = 2 units
7'10" = 1 unit
7'11" = 2 units
8 feet = 3 units

III. Outside Height

6 feet = 3 units
6' 2" = 2 units
6' 8" = 5 units
7 feet = 4 units
8 feet = 5 units
8' 5" = 3 units
9'10" = 2 units
10' 2" = 2 units
10' 6" = 1 unit
10' 8" = 2 units
11 feet = 1 unit

IV. Therapy floor space within therapy area:

21 sq. ft. = 1 unit
25 sq. ft. = 3 units
28 " " = 2 "
30 " " = 6 "
40 " " = 1 unit
45 " " = 3 units
50 " " = 1 unit
54 " " = 2 units
78 " " = " "
84 " " = 3 "
107 " " = 1 unit
110 " " = 2 units
112 " " = 1 unit
117 " " = 3 units
126 " " = 1 unit

V. Height within unit

The height ranged from 4'3" to 7'6".

4'3" = 2 units
4'4" = 1 unit
4'6" = 4 units
5'6" = 1 unit
5'8" = 5 units
5'10"= 1 unit
6'1" = 1 unit
6'3" = 1 unit
6'4" = 3 units
6'5" = 2 "
6'6" = 7 "
6'8" = 1 unit
7'6" = " "

VI. Transmission of mobile unit:

Standard = 5

Automatic=25

VII. Steering of Mobile Unit

Standard = 9

Power = 21

VIII. Braking of Mobile Unit

Standard = 13

Power = 17

IX. Electrical supply for mobile unit.

Generator = 0

Connect via electrical cord = 30

X. If electric supply through electric cord, cord is on:

Hand operated pickup reel = 30

Automatic pickup reel = 0

XI. Steps from ground to get into mobile unit were:

Part of mobile unit = 16

Portable within mobile unit = 7

Not needed = 0

Needed but not provided = 4

Part of unit and portable = 3

XII. Age of the mobile unit

The age ranged from six months to seven years.

6 months = 5 units
1 year = 9 units
2 years = 1 unit
3 years = 7 units
4 years = 5 units
5 years = 2 units
7 years = 1 unit

XIII. Electrical wiring within unit is for:

110V = 21 220V = 7 110 & 220V = 2

XIV. Driver's license required

Regular license = 18

Chauffeur's license = 12

XV. Special driving lessons required:

Yes 3

No 27

XVI. Overnight parking of mobile units

At school	2	Clinician's home	8
Bus Barn	12	Other	8

XVII. Maintenance of vehicle

School transportation	25	Combination of above	5
Contracted out	0		

XVIII. Light Control

5 mobile units had one light fixture only with no outside or natural light available;

1 had no artificial light provided;

24 with adequate lighting.

XVIX. Heat

Heating was reported as being adequate; usually reverse cycle air conditioner.

XX. Cooling

29 units had cooling unit

1 unit did not have cooling

XXI. Ventilation control

2 units did not have clinician control over ventilation

5 units controlled ventilation by opening/closing doors

23 units had adequate ventilation

XXII. Sound control

10 mobile units were noisy because of air conditioning noise

20 units were adequately quiet.

XXIII. Flooring

21 units were carpeted

7 units had hard synthetic flooring

2 units had soft synthetic flooring

XXIV. Walls

Bare metal	8	Plaster board	4
Hard tile	1	Acoustical tile	2
Wood	14	Carpet	1

XXV. Ceiling surface

Acoustical tile	13	Fiber glass	3
Metal	3	Other (rubber, vinyl)	3
Carpet	2	Wood	3
		Plaster board	2

XXVI. Electrical outlets within therapy area

No electrical outlet	1
One or more outlets	29 (6 of these had single outlets which were poorly placed)

XXVII Custodial care

14 rated custodial care as satisfactory

20 clinicians did their own custodial work (cleaning of unit, vacuuming, etc.)

10 clinicians requested custodial care be included in requirements of upkeep

XXVIII. Is custodial care for therapy area: better than; equal to; less than schools serviced?

11 clinicians rated custodial care less than school's primarily because they were the custodians of mobile unit.

XXIX. Is maintenance satisfactory?

29 rated maintenance as satisfactory

1 not satisfactory

XXX. Maintenance of therapy area?

28 rated maintenance of therapy area as satisfactory

2 rated maintenance as unsatisfactory

XXXI. Observation facilities

3 mobile units had an observation room adjacent to therapy area with screen or booth;

6 mobile units were judged as not having space available for another adult during therapy;

21 mobile units had room available for another adult during therapy; 2 of these would be crowded.

LANGUAGE, SPEECH AND HEARING

MOBILE UNIT SCHOOL SITES

Questionnaire C

Results: Of the 160 school sites analyzed, the following results were obtained:

I. Access to mobile unit by students from school building:

Children unprotected, no over cover or walkway	= 104
Walkway, no over cover	= 19
Overcover, no walkway	= 1
Overcover and walkway	= 36
Enclosed walkway	= 0

II. Convenience of parking area for mobile unit at school site

Mobile unit inhibits flow of motor traffic	= 21
Mobile unit inhibits flow of pedestrian traffic	= 8
Mobile unit must be backed in or out of parking area	= 36
No major difficulty at parking area	= 75
Other: (on grass; in sun all day; backed through metal gate; have to drive over curbing; edge of play ground)	= 20

III. Mobile unit when parked at school is:

Off balance	= 50
Level	=110

IV. Surfacing of parking area for mobile unit at school is:

No surfacing treatment and ungraded	72
No surfacing treatment, graded	40
Hardtop, graded	48

V. Electrical outlet at school for mobile unit:

No outlet	7
Electrical outlet located within classroom, room or hallway at school	36
Electrical outlet on outside of building	99
Electrical outlet on outside of building easily reached by clinician; area protected from weather	18

VI. Did this school have to be wired especially for mobile speech unit?

Yes	113
No	39
Not wired	8

SUMMARY OF FACILITIES SURVEY

Summary

Language, speech and hearing clinicians have been the major contact people for exceptional child programs in the public schools. During the school year 1969-70, 1,259 of Florida's 1,854 school facilities had children within them who were receiving services from language, speech and hearing clinicians. The total number of teachers within these 1,259 schools was 33,535, the total number of children was 807,117, and the total number of children receiving therapy was 32,523. It is interesting to note that during 1969-70, three school districts, Jackson, Holmes and Lake provided therapy in mobile units to all children being served.

Although 29% of the schools analyzed were built from 1960, a total of 64 of the 342 had facilities built into them for language, speech and hearing therapy. Of these 64, 12 were no longer available for therapy purposes.

The room space utilized by a clinician within Florida's schools during 1969-70, illustrated the crowded conditions in many schools and the decreased population in others. Irrespective of its original reason for being built, the library conference room was utilized more by clinicians than any other room in school buildings. Depending upon the original design of the room, and upon the ingenuity of the clinician, the library conference room ranged in appropriateness for therapy from being highly distractable to highly agreeable, with a majority rating of "above average."

The major concerns reflected by the clinicians utilizing the library conference room were:*

(1) Lack of ventilation: door into library had to be open to acquire ventilation;

(2) Lack of heat: Heat supplied by opening door into library; no heat ducts designed into conference area ;

(3) Library conference room also served as work area and storage space for teachers. interruptions were numerous;

(4) Large window between conference room and library area. Most clinicians had acquired or made curtains for the window so that distraction of/by children in therapy would not occur ; and

(5) Children in therapy are often asked by clinicians to be active, talk in a loud voice. The proximity of the library hampered clinicians from feeling free to ask for these activities by their children in therapy.

Throughout the Facilities Questionnaires, the following major factors were expressed:

1. Deep concern and appreciation on the part of the clinicians for the attempts and interest shown by principals and teachers to obtain appropriate space for the children in therapy. Usually, there simply was not any free space available.

2. There were certain areas within a school which were universally unadaptable to therapy even under the best of situations:

   a. Health rooms
   b. Hallway
   c. Custodian's storage area
   d. Teachers' lounge
   e. Cafeteria

3. Factors of health and safety must be paramount in selecting space for therapy sessions. Among the factors to check when analyzing the health and safety of the students were the following:

   a. Close proximity to portable electric room heaters in small quarters;

   b. Trailing electrical cords from nearest outlet to equipment being used;

   c. No heat when needed necessitating wearing of coats and scarves;

* These concerns were not directed toward all conference rooms. These are, however, aspects to analyze prior to use.

d. Use of health unit;

e. Below minimal lighting;

f. Piles of old clothing and used textbooks;

g. Obstruction of egress/ingress;

h. Fumes from gas heater, furnace with lack of ventilation; and

i. Cracks in flooring.

SIZE OF ROOM IN SQUARE FEET:

Of all the questionnaire items in Questionnaire A, this item on square feet was the one which was most common among the below minimal standards category. Of those facilities rated 35.0 and below, 96% were 80 square feet and below in size. The size seemed to designate that other factors would be amiss; such as, lack of electrical outlet, lack of adequate lighting, lack of heat and ventilation.

ACOUSTICAL PROPERTIES:

Apparent in this survey was the fact that acoustical treatment in isolated form seldom did the best job for listening skills. When acoustical ceiling tile, carpeting, absorbent walls were not provided in and around the given therapy space, the sound protection did not function adequately. Also, an island consisting of a sound treated facility placed in an area with no sound treatment was asking too much of the island to provide adequate sound protection.

AESTHETICS:

Paramount to the comfort of the children receiving language, speech and hearing services are the visual, auditory, physiological and olfactory aspects of the facility. Among the aesthetics to be checked would be:

1) Proximity to and acoustical protection from lavatories;

2) Protection from the varying types and degrees of odors coming from unused physical education clothing and equipment; cafeteria storage rooms; storage rooms for old used textbooks and cigarette smoke.

3) Evaluation of the facility as to what could be done with minimal cost as to paint, curtains, reassigning of storage materials, removal of unused, broken furniture and other equipment.

4) Proximity to and acoustical protection from disciplinary action taken by adults with other students; telephone conversations of adults and leisure talk by adults.

MOBILE UNITS AND SCHOOL SITES:

Mobile units varied extensively in their size, adaptability, and room space available for clinical functions. Paramount to the success of these units were some of the following items:

(a) Air conditioning strong enough to provide adequate cooling when 4-5 people are in van. The school site played an important part in this air conditioning component. If the site were not protected from the noon sun, no air conditioner seemed adequate. Tinted glass at windows and curtains seemed to help diminish heat.

(b) Sound protection from the noise of the air conditioner: This sound protection can be assisted through placement of the equipment away from therapy area but with flow of air into the area; baffling of the air conditioner; sound absorption material throughout mobile unit also assisted.

(c) Electrical cord: Two major factors affected the mobile unit attachment to the school. One, that the plug on the school be well-placed as to height of building (not over 4 feet from the ground), protected and unobstructed by plants, trees or other wires; and from the weather if at all possible. Two, electric cord should be on an automatic pick-up reel. In bad weather, the cord became muddy, wet and sandy leading to ruining clinicians' clothes.

A device whereby the mobile unit engine would not start while mobile unit was attached via the electric cord to the school was a helpful item for forgetful clinicians.

(d) Steps to Van: Steps to van were best when a part of the van's design. Portable steps demanded time for the clinician; were forgotten at times; tended to tip when on unprotected ground; became wet, muddy and sandy leading to ruining clinicians clothes when picked up and placed in van.

(e) Acoustical properties of van: The air conditioner was a major factor in discussing the acoustical properties of the van. [See (a) preceding] . The school site was another major factor in the acoustical properties. When the mobile unit was near the cafeteria, playground, gymnasium, bandrooms, flow of student traffic and/or heavy street traffic, the acoustical properties suffered.

The acoustical treatment with carpeted flooring, acoustical tile ceiling or carpeted ceiling with carpeted sides or acoustical tile sides were better protectors of outside sound interference to the clinical process.

(f) Custodial care: The washing down of the outside of the mobile unit was a quandary in most participating counties. The upkeep and custodial care should be clearly stated from the outset. Most clinicians found they were responsible for vacuuming, and washing of the unit. Requests had been made that the unit be serviced by the maintenance crew.

(g) Storage: Adequate storage was in evidence within the larger mobile units. Lockable bins, tilted and edged shelves were beneficial to keeping slipping of material from occuring; rubber padding and straps also assisted in minimizing vibration of equipment.

(h) Protection of students coming/leaving mobile units: Care should be taken that the mobile unit is not backed while on school grounds.

Weather elements were of importance as many of the mobile units were at school sites where mud accumulated during rain and where there was no overhead protection during inclement weather.

Many other items could be discussed pertaining to the results of Questionnaires A, B and C. As an outgrowth of the questionnaires, guidelines for therapy rooms within Florida's public schools have been written.

APPENDICES

A. Letter to Clinicians

B. Questionnaire A

C. Questionnaire B

D. Questionnaire C

STATE OF FLORIDA
DEPARTMENT OF EDUCATION
TALLAHASSEE 32304

FLOYD T. CHRISTIAN
COMMISSIONER

DIVISION OF ELEMENTARY AND SECONDARY EDUCATION
SHELLEY S. BOONE
DIRECTOR

April 6, 1970

ATTENTION

TO: Speech and Hearing Clinicians, Florida Public Schools
FROM: Sara E Conlon Consultant, Speech and Hearing, Education for Exceptional Children, Department of Education Tallahassee, Florida.

SPEECH AND HEARING FACILITIES SURVEY--FLORIDA'S PUBLIC SCHOOLS

Enclosed is a packet consisting of Facilities Questionnaires emphasizing speech and hearing room space within our schools. The Questionnaires are designed to be completed by each of the speech and hearing clinicians within our school systems.

Reasons for this Survey of Speech and Hearing Facilities:--

1. To help design a program whereby Facilities moneys earmarked for Exceptional Child Education can be used to assist our counties in building more speech and hearing rooms into regular school facilities.
2. To assist our universities and inservice planning committees in knowing where there are facilities which lend themselves to intern experience, video taping, professional training.

PROCEDURES FOR COMPLETING THE ENCLOSED SURVEY QUESTIONNAIRES:

First, there are TWO types of questionnaires enclosed: One, for those of you who provide therapy in room space within the school building; another, for those of you who provide services through the use of a mobile unit.

For Those Clinicians Working Within School Facilities:--
Your Questionnaires are entitled, Facility Survey Speech and Hearing Therapy. Complete a Questionnaire for EACH school which you are servicing or have serviced during this year. Each county staff should feel free to complete a Questionnaire for each school in the county, irrespective of whether therapy has ever been provided in the school.

There is a Comment Section at the close of each particular school s Questionnaire so that you may include any comments about the facilities at that school which this Questionnaire may not clarify or include.

For Those Clinicians Working Within a Mobile Unit:--
Your Questionnaire consists of two parts: One, a description of the mobile unit itself; two, a description of each school site which the mobile unit serves. You should complete one Mobile Unit Survey for your mobile unit; you would complete a Mobile Unit -School Site Survey for EACH school the mobile unit services.

****

Please complete the Questionnaires as completely and accurately as possible. Could you return them to this address by Saturday, April 25, 1970?

ADDRESS: Sara E Conlon Consultant, K-319, Speech and Hearing, Education for Exceptional Children, State of Florida Department of Education, Tallahassee Florida 32304

NOTE: If therapy is provided in a speech mobile unit, please complete the SPEECH AND HEARING MOBILE UNIT survey which is enclosed.

Questionnaire A

FACILITY SURVEY
SPEECH AND HEARING THERAPY
FLORIDA PUBLIC SCHOOLS
1969-70

State of Florida
Department of Education
Floyd T. Christian, Commissioner
Division of Elementary and
Secondary Education
Bureau of Curriculum and Instruction

Questionnaire A was on pink paper for color coding.

COUNTY_____

NAME OF SCHOOL_____

OFFICIAL SCHOOL NUMBER_____

LOCATION OF SCHOOL_____

GRADES IN SCHOOL_____

NUMBER OF TEACHERS_____

SCHOOL ENROLLMENT_____

CLINICIAN COMPLETING SURVEY REPORT_____

DATE OF SURVEY REPORT_____

****

I. Is therapy being offered within this school at any time during school year? ___YES ___NO

a. How many children receive speech and hearing therapy at this school?_____ On waiting list?_____

b. To the best of your knowledge will this school be a candidate for therapy service for school year 1972-73? ___YES ___NO

c. Do children from other schools come to this facility for therapy? ___YES ___NO.
If yes, how many_____ From what schools?_____

****

II. Was there a room specifically designed and built for speech and hearing therapy at this school site?___YES ___NO

a. If yes, when was room built? (approximate year)_____

b. Is this room still used for speech and hearing therapy? ___YES ___NO

c. If room is no longer used for speech therapy, what is room used for? _____

NAME OF SCHOOL_____

III. Description of building in which speech and hearing therapy is offered at this school site:

a. Building Materials:

Temporary wood frame_____

Portable _____

Concrete block_____

Brick and concrete block combination_____

Other permanent construction____

b. Approximate year when building in which speech and hearing therapy is offered was built_____

c. Number of stories in school building where speech and hearing therapy is offered_____

d. On which story is therapy room?_____

e. What rooms or work areas are adjacent to therapy area?_____

_____

f. What rooms, if any, enter into therapy area?

_____

_____

****

IV. Where is speech and hearing therapy offered within this school building? (Check appropriate item)

Cafeteria_____

Conference room_____

Hallway_____

Health Clinic_____

Library_____

Library Conference room_____

Principal's Office_____

Other personnel's office_____

Reading Clinic_____

Speech and hearing therapy room_____

Stage_____

Storage room (books, gym, band, furniture, etc.)_____

Teacher's lounge_____

Other (explain)_____

_____

NAME OF SCHOOL_____

V

Details About Therapy Area In School (Check appropriate Items in Statements 1-25)

1. Interruptions by children/or teaching personnel entering therapy area during therapy sessions are:

_____Over 10 interruptions per therapy day. (r)

_____1--4 interruptions per therapy day. (v)

_____5--9 interruptions per therapy day. (s)

_____No interruptions during therapy day. (x)

---

2. Use of therapy area:

_____Therapy area is liable to be changed at any occasion. (r)

_____Therapy area is shared with other activities but not when therapy is in session. (u)

_____Therapy area is shared with other activities while therapy is in session. (s)

_____Therapy area is for speech and hearing therapy exclusively at all times. It is not used for any other purpose. (x)

---

3. Size of room in square feet:

_____Usable floor space is less than 80 square feet. (r)

_____Usable floor space is between 100-199 square feet. (v)

_____Usable floor space is between 80-99 square feet. (t)

_____Usable floor space is more than 200 square feet. (x)

NAME OF SCHOOL_____

4. Artificial Lighting: (type of lighting)

_____Bare bulb (r)

_____Incadescent ring (t)

_____Shielded flourescent (v)

_____Globe fixture. (t)

Bare flourescent (t) _____

_____Other (describe)_____

---

5. Light Control

_____Failure of single bulb or fixture renders room in darkness. (r)

_____Failure of single bulb does not render room in darkness; illumination suitable for activities. (u)

_____Failure of single bulb or fixture does not not render room in darkness; source of natural light protected to prevent glare; minimum of 70 foot candles at normal task level. (v)

---

6. Heating

_____No heat when needed. (r)

_____Individual room electric heating unit. (t)

_____Individual room gas heating unit. (s)

Individual room oil heating unit. (t)_____

_____Central heating system. (v)

_____Central heating system controlled by clinician in room. (x)

_____Others (describe)_____

NAME OF SCHOOL_____

7. Cooling

_____No cooling when needed. (r)

_____Portable electric fan when needed. (t)

_____Individual room cooling unit. (v)

_____Central cooling system. (w)

_____Central cooling system controlled in room by clinician. (x)

---

8. Ventilation control

_____Clinician has no control over ventilation (i.e.), cafeteria, stage. (r)

_____Therapy area provided with adequate natural or mechanical ventilation. (v)

_____Adequate cross ventilation and air movement assured at level of seated pupils. (x)

---

9. Sound Control

_____No sound control with great degree of noise interferring with therapy. (r)

_____Adequately quiet majority of time for the hearing and speech tasks involved. (u)

_____Noise from one space to another has been reduced to a level where it is not distracting or affecting usefulness of the therapy area or rooms and areas adjacent. (x)

---

10. Flooring

_____Bare concrete (r)

_____Hard synthetic surface (t)

_____Rugs (v)

_____Wooden (t)

_____Soft synthetic surface (u)

_____Carpet (x) _____Other_____

NAME OF SCHOOL_____

11. Walls

_____Brick, Concrete (s)

_____Hard tile (r)

_____Plaster (t)

Plaster board (t)_____

_____Wooden (t)

_____Acoustical tile (x)

_____Carpet (x)

---

12. Celing surface

_____Hard tile (r)

_____Concrete (t)

_____Plaster (t)

_____Plaster board (t)

_____Wood (t)

_____Acoustical tile (x)

_____Other (describe)

---

13. Access to therapy area:

_____Students walk outside unprotected from weather to reach therapy area. (r)

_____Access to therapy area through other school rooms or office while those rooms are in use. (s)

_____Outside paved walkway with overhead protection from weather. (u)

_____Access to therapy area from corridor. (u)

_____Access to therapy area from waiting area. (x)

_____Other (describe)_____

NAME OF SCHOOL _____

14. Electrical outlets within Therapy Area

_____No electrical outlets within therapy area. (r)

_____One electrical outlet 110V double plug. (s)

_____One electrical outlet 110V in accessible location. (v)

_____Two or more electrical outlets 110V double plug accessible. (w)

---

15. Is custodial care satisfactory? (room kept swept, walls clean, etc.) ___YES (x) ___NO (r)

---

16. Is custodial care for therapy area: _____better than (x) rest of school?
_____equal to (u)
_____less than (r)

---

17. Is Maintenace satisfactory? (burnt out light bulbs replaced, broken windows replaced, etc.)
_____YES (x) ____NO (r)

---

18. Is maintenance of therapy area: _____better than (x) maintenance provided rest of school?
_____equal to (u)
_____less than

---

19. Furniture available: (chairs for students receiving therapy)

_____None routinely found in therapy area. (r)

_____Appropriate number of chairs provided. (t)

_____Appropriate number of chairs of appropriate sizes provided for students. (v)

_____Appropriate num. of chairs of appropriate sizes in at least a condition equal to that of furniture in rest of school. (x)

NAME OF SCHOOL _____

20. Work surface for students receiving therapy:

_____No work surface provided (r)

_____Chairs with desk surface attached. (t)

_____Slanted top desk provided. (t)

_____Other (describe)

_____Student flat top desk provided. (u)

_____One table 32" x 48", 24" x 30". (v)

_____Tables of appropriate sizes for various sizes of students. In condition equal to rest of furniture in school. (x)

---

21. Work surface area is large enough for all students receiving therapy at one session to sit around:

_____YES (x) _____NO (r)

---

22. Adult size chairs:

_____Adult chairs not provided. (r)

_____One adult chair provided. (t)

_____Appropriate number of adult chairs available when needed.

_____Appropriate number of adult chairs available when needed and are in a condition equal to that of furniture in rest of school. (x)

---

23. Work surface area for clinician within school:

_____No work area provided. (r)

_____Use same area as students use for therapy. (s)

_____Table provided. (t)

_____Desk provided and shared with other faculty. (t)

_____Desk assigned to clinician and of condition equal to that of furniture in school. (x)

_____Desk assigned to clinician. (v)

NAME OF SCHOOL _____

24. Storage space for clinician's material and equipment:

_____No storage space provided within school. (r)

_____One or more open shelves within therapy area. (t)

_____One or more closed shelves within therapy area. (v)

_____Locked cabinet within therapy area. (x)

---

25. Observation facilities:

_____No space available for another adult to be present within therapy area. (r)

_____Space in therapy room for adult observer. (t)

_____Observation room adjacent to therapy area with screen or booth. (w)

_____Observation room adjacent to therapy with one way mirror, intercommunication system. (x)

****

COMMENTS, ADDITIONAL INFORMATION AND/OR RECOMMENDATIONS IN REGARD TO THIS SPEECH AND HEARING FACILITY:

OBTAINING NUMBERICAL RATING FOR THIS PARTICULAR
SPEECH AND HEARING FACILITY

NAME OF SCHOOL_____

(A)

Tabulate how many of the items you checked from item #1--#25 which were followed

by an (r) =_____; multiply by zero =_____

by an (s) =_____; multiply by .5 =_____

by a (t) =_____; multiply by 1.0 =_____

by a (u) =_____; multiply by 1.5 =_____

by a (v) =_____; multiply by 2.0 =_____

by a (w) =_____; multiply by 2.5 =_____

by an (x) =_____; multiply by 3.0 =_____

Grand Total: _____

(B)

Tentative rating of this facility's grand total score:

56--60 = excellent facility

46--55 = adequate facility

26--45 = minimal facility

25 and below = below minimal

State of Florida, Department of Education
Bureau of Curriculum and Instruction

Floyd T. Christian, Commissioner

Division of Elementary and Secondary Education

Questionnaire B

DESCRIPTION OF SPEECH AND HEARING MOBILE UNIT

1969-70

Questionnaire B was on blue paper for color coding.

COUNTY_____

CLINICIAN COMPLETING MOBILE UNIT REPORT_____

DATE OF MOBILE UNIT REPORT_____

a. Outside length of mobile unit:_____feet

b. Outside width of mobile unit:_____feet

c. Outside height of mobile unit:_____feet

d. Therapy floor space within mobile unit:
_____sq. feet

e. Height of ceiling within therapy area of mobile unit:_____feet

f. Transmission of mobile unit: (check one)

Standard____
Automatic_____

g. Steering of mobile unit:

Standard____
Power_____

h. Braking of mobile unit:

Standard___
Power_____

i. Electrical supply for mobile unit:

Generator____
Connect via electric cord with school____

j. If electric supply through electric cord, cord is on:

Hand operated pickup reel_____
Automatic pick up reel_____

k. Steps from ground to get into mobile unit are:

Part of mobile unit___
Portable within mobile unit_____
Not needed____
Needed but not provided____

l. Age of mobile unit_____

m. Electrical wiring within unit is for:

110V_____
220V_____

n. Driver's lecense required:

Regular_____
Chaffeur_____
Other (describe)_____

o. Special driving lessons required:

YES____
NO_____

If yes, who paid for lessons?_____ Cost of lessons_____

Who taught lessons?_____ Hours involved_____

p. Overnight parking of mobile units:

At school_____
Bus barn_____
At clinician's home_____
Other (describe)_____

q. Maintenace of vehicle:

By county school transportation division_____
Contracted out_____
Combination of above_____
Other (describe)_____

For the following twenty questions, please check the items that best describe your mobile unit.

1. Light Control

____Failure of single bulb or fixture renders unit in darkness. (r)
____Failure of single bulb does not render unit in darkness; illumination suitable for activities. (u)

____Failure of single bulb or fixture does not render unit in darkness; source of natural light protected to prevent glare minimum of 70 foot candles at normal task level. (v)

---

2. Heating and Cooling

____No heat when needed (r)

____Individual electric heating unit. (t)

____Individual gas heating unit. (s)

____Individual oil heating unit. (t)

____Other (describe) _____

---

3. Cooling

____No cooling when needed. (r)

____Other

____Portable electric fan when needed. (s)

____Individual cooling unit. (w)

---

4. Ventilation control:

____Clinician has no control over ventilation. (r)

____Ventilation controlled by opening-closing door. (s)

____Therapy area provided with adequate natural or mechanical ventilation. (v)

____Adequate cross ventilation and air movement assured at level of seated pupils. (x)

5. Sound Control

_____No sound control with great degree of noise interferring with therapy. (r)

_____Adequately quiet majority of time for the hearing and speech tasks involved. (u)

_____Noise from one space to another has been reduced to a level where it is not distracting or affecting usefulness of the therapy area or areas adjacent. (x)

---

6. Flooring

_____Bare Metal

_____Wooden (t)

_____Hard synthetic surface (t)

_____Soft synthetic surface (u)

_____Rugs (v)

_____Carpet (x)

_____Other (describe)

---

7. Walls

_____Bare metal (r)

_____Hard tile (r)

_____Wooden

_____Plaster board (t)

_____Acoustical tile (x)

_____Carpet (x)

8. Ceiling surface

____Hard tile (r)

____Concrete (t)

____Plaster (t)

____Plaster board (t)

____Wood (t)

____Acoustical tile (x)

____Other (describe)_____

---

9. Electrical outlets within therapy area:

____No electrical outlets within therapy area. (r)

____One electrical outlet 110V double plug. (s)

____One electrical outlet 110V in accessible location. (v)

____Two or more electrical outlets 110V double plug accessible. (w)

---

10. Is custodialcare satisfactory? (Unit kept swept, walls clean, etc.) ____YES (x) ____NO (r)

---

11. Is custodial care for therapy area: ____better than (x) schools serviced?
____equal to (u)
____less than

---

12. Is maintenance satisfactory? (burnt out light bulbs replaced, broken windows replaced, etc.)

____YES(x) ____NO (r)

13. Is maintenance of therapy area: ___better than (x) maintenance provided rest of school system?
___equal to (u)
___less than (r)

---

14. Furniture available: (chairs)

_____None routinely found in therapy area. (r)

_____Appropriate number of chairs provided. (t)

_____Appropriate number of chairs of appropriate sizes provided for students. (v)

_____Appropriate number of chairs of appropriate sizes in at least a condition equal to that of furniture in rest of school. (x)

---

15. Work surface for student receiving therapy

_____No work surface provided (r)

_____Chairs with desk surface attached (t)

_____Slanted top desk provided (t)

_____Student flat top desk provided (u)

_____One table 32" x 48", 24" x 30" (v)

_____Tables of appropriate sizes of students in condition at least equal to the rest of school system. (x)

_____Other (describe)_____

---

16. Work surface area large enough for all students receiving therapy at one session to sit around ?

_____YES (w) _____NO (r)

17. Adult size chairs

_____Adult chairs not provided (r)

_____One adult chair provided (t)

_____Appropriate number of adult chairs available when needed.

_____Appropriate number of adult chairs available when needed and are in a condition equal to that of furniture in rest of school system. (w)

---

18. Work surface area for clinician within school.

_____No work area provided. (r)

_____Use same area as students use for therapy (s)

_____Table provided (t)

_____Desk provided and shared with other faculty. (t)

_____Desk assigned to clinician and of condition equal to that of furniture in school system. (x)

_____Desk assigned to clinician. (v)

---

19. Storage space

_____No storage space provided within unit. (r)

_____One or more open shelves within therapy area. (t)

_____One or more closed shelves within therapy area. (v)

_____Locked cabinet within therapy area. (x)

---

20. Observation facilities

_____No space available for another adult to be present within therapy area. (r)

_____Observation room adjacent to therapy area with screen or booth. (w)

_____Space in mobile unit for adult observer. (t)

_____Observation room adjacent to therapy area with one way mirror & intercommunication system. (x)

COMMENTS, ADDIONAL INFORMATION AND/OR RECOMMENDATIONS IN REGARD TO THIS SPEECH AND HEARING FACILITY.

OBTAINING NUMERICAL RATING
FOR THIS PARTICULAR SPEECH
AND HEARING MOBILE UNIT

(A) Tabulate how many of the items you checked from item #1-item #20 which were followed

by an (r)=_____; multiply this # by 0 =_____

by an (s)=_____; multiply this # by .5 =_____

by a (t)=_____; multiply this # by 1.0 = _____

by a (u) =_____; multiply this # by 1.5 =_____

by a (v)=_____; multiply this # by 2.0 = _____

by a (w)=_____; multiply this # by 2.5 = _____

by an (x)=_____; multiply this # by 3.0 = _____

Grand Total: _____

(B) Tentative rating of this mobile unit grand total score:

38-41.5 = excellent mobile unit

33-37.5 = adequate mobile unit

26-32.5 = minimal mobile unit

25.5 and below = below minimal mobile unit

State of Florida, Department of Education
Bureau of Curriculum and Instruction

Division of Elementary and Secondary Education
Floyd T. Christian, Commisioner

Original Questionnaire C was on brown paper for color coding.

Questionnaire C

SPEECH AND HEARING MOBILE UNIT--SCHOOL SITE SURVEY
FLORIDA PUBLIC SCHOOLS
1969-70

NOTE: Complete one copy of this survey for EACH SCHOOL the Mobile Unit serves this school year: _____

COUNTY_____

NAME OF SCHOOL_____

OFFICIAL SCHOOL NUMBER_____

LOCATION OF SCHOOL_____
street city

GRADES IN SCHOOL_____

PUPIL ENROLLMENT_____

NUMBER OF TEACHERS_____

APPROXIMATE DATE SCHOOL WAS BUILT_____

CLINICIAN COMPLETING SURVEY REPORT_____

DATE OF SURVEY REPORT_____

NAME OF SCHOOL _____

I. Was there a room specifically designed and built for speech therapy at this school site?
___YES ___NO

If yes, when was room built? (approximate year)_____

If yes, what is room used for now?_____

****

II. How many children receive speech/hearing therapy at this school?_____On waiting list?_____

****

III. To the best of your knowledge, will this school be a candidate for therapy services for the 1972-73 school year? ___YES ___NO

****

IV

1. Access to mobile unit by students from school building: (check appropriate item)

_____Children unprotected from weather; no over cover or walkway. (r)

_____Walkway, no overcover. (s)

_____Overcover, no walkway. (t)

_____Overcover and walkway. (v)

_____Enclosed walkway (x)

---

2. Convenience of parking area for mobile unit at school site:

_____Mobile unit inhibits flow of motor traffice. (r)

_____Mobile unit inhibits flow of pedestrian traffic. (s)

_____Mobile unit must be backed in or out of parking area. (r)

_____No major difficulty at parking area. (v)

_____Other (describe)_____

NAME OF SCHOOL _____

3. Mobile unit when parked at school is: ___Off Balance (r) ____Level (x)

---

4. Surfacing of parking area for mobile unit at school is:

____No surfacing treatment and ungraded. (r)

____No surfacing treatment; graded (x)

____Hardtop; graded (v)

---

5. Electrical outlet at school for mobile unit:

____Electrical outlet located within classroom, room, or hallway at school. (s)

____Electrical outlet on outside of building. (v)

____Electricial outlet on outside of building, easily reached by clinician, area protected from weather. (x)

---

6. Did this school have to be wired especially for mobile speech unit? ___YES ___NO

NAME OF SCHOOL_____

COMMENTS, ADDITIONS AND RECOMMENDATIONS PERTAINING TO THIS SCHOOL SITE FOR SPEECH MOBILE USAGE:

FLORIDA DEPARTMENT OF EDUCATION
Division of Elementary and Secondary Education
Bureau of Curriculum and Instruction
Education for Exceptional Children

July, 1973

DESIGNING FACILITIES FOR LANGUAGE, SPEECH AND HEARING PROGRAMS IN FLORIDA PUBLIC SCHOOLS

Section Two:
Educational Specification Planning Processes

EDUCATIONAL SPECIFICATION PLANNING PROCESSES

Introduction

There are several organizational procedures which lend themselves to designing appropriate facilities for educational programs. Among these procedures are a) obtaining the knowledges, opinions and creative thoughts of selected professional personnel representing the discipline for which the facility is being built; b) the charrette approach whereby a multi-disciplinary group studies and offers solutions to educational facilities development problems within the context of community needs;[1] c) a combination of the two procedures presented above, which would include professional educational personnel, architects, fa lity experts and school administrators. These people join together to discuss designs for specific facilities which will be uti!ized in more than one setting within the school district. It is this third procedure (c) which was utilized in designing the following educational specification.

The procedures for developing the following basic facility designs for language, speech and hearing therapy in Florida's public schools followed the format herein presented. This was the current (1972) blueprint for specification planning processes.

Processes for Specification Planning

1. The individual in charge of planning appropriate facilities for a given population of exceptional students, should first involve the supervisors of the school district's instructional programs, representatives from the State of Florida Department of Education, Education for Exceptional Children Section and the Educational Facilities Planning Section.

2. With the assistance of these supervisors and administrators, determine which procedure should be employed for designing the specifications: professionals, charrette, combinations.

3. Define the instructional programs for which educational facility specifications will be written.

4. Select three members of the teaching staff for each of the instructional programs to be provided in the facility, i.e., language, speech and hearing; gifted; emotionally disturbed.

---

[1]Educational Facilities Planning Section, State of Florida Department of Education 1972

5. Utilize the format that is currently being used by the Department of Education in the development of educational specifications. The following outline was used at the 1972 meeting of Florida speech, language, and hearing clinicians when they were designing appropriate facilities.

FORMAT FOR WRITING INSTRUCTIONAL PROGRAM
EDUCATIONAL SPECIFICATIONS

I. NAME OF INSTRUCTIONAL PROGRAM

A. State your philosophy of subject area; include a general statement concerning how pupils learn

B. List the goals to implement this philosophy

C. Subject title and content--be brief

D. Describe processes and activities of teacher, how the teacher will teach

E. Describe activities of pupils, how the pupils use the areas

F. Future trends that may affect facility planning (flexibility for future)

II. SPACE NEEDS

A. Projected membership in each instructional program area

B. Optimum class size

C. Number of class sections (yearly, semester, block, weekly-daily)

D. Number of instructional periods in the daily schedule

E. Square footage per instructional program area in the daily schedule (include storage rooms, conference rooms, resource centers, etc.)

III. EQUIPMENT - Per Instructional Area - (List by each instructional area in the same order as II-E.)

IV. FURNITURE - Per Instructional Area - (List by each instructional area in the same order as II-E.) Desk, chairs, etc.

Number of each
Size measurements (if germaine)
Give description; example: adjustable or fixed, free-standing, or on wheels, lockable, display cases, etc.

V. BUILT-IN CASEWORK- (List by each area in the same order as II-E)

A. Cabinets

a. Lineal feet (cabinet lengths)
b. Give description; example: stationary, adjustable or fixed shelving, depth and height, open or closed, lockable, etc.

B. Shelving - Lineal feet, shelf width (indicate where it is located)

VI. SPECIAL CONSIDERATION - (List by each area in same order as II-E; mark N/A if not applicable)

A. Climate control (heating, cooling, ventilation, if out of the ordinary)

B. Acoustics (floor, wall, ceiling)

C. Aesthetics (color, interior-exterior, etc.)

D. Restrooms (student, faculty)

E. Gas

F. Water (hot, cold)

G. Sinks

H. Telephone

I. Intercom

J. Clocks

K. Electrical outlets (wall, floor, ceiling)

L. Lighting and visual control

M. Open or closed circuit television

N. Coaxial cable, loop antenna, etc.

O. Walls (folding, demountable, movable site barriers, etc.)

P. Chalkboards

Q. Bulletin boards

R. Floors

S. Service, school, community (if appropriate)

1. Access drives
2. Parking
3. Doorways for delivery, access

T. Reserves for the future (TV, electric, water, etc.)

U. Other (example: safety considerations)

VII. SPACE RELATIONSHIPS - use bubble diagram to show

A. Within an instructional area; example: one instructional space for Kindergarten

B. Within the total program and closely related programs; example: all instructional spaces for science as related to other areas

ANCILLARY SERVICES

I. NAME OF INSTRUCTIONAL SERVICE (Food Services - Custodial)

A. State philosophy of your service

B. List goals to implement your philosophy

C. Describe or state how students and/or adults use your service

D. Describe activities of your personnel

E. Number of personnel needed to carry out activities (justify, include work schedules, etc.)

F. Future trends that may affect Facility Planning (flexibility for future)

II. SPACE NEEDS

A. Total number of individuals served

B. Number of individuals per group (if applicable)

C. Square footage per space (includes storage rooms, conference rooms, offices, etc.)

III. through IV. SAME AS INSTRUCTIONAL PROGRAMS ABOVE (List each area in same order as II-C)

NOTE: THE FOLLOWING SUGGESTIONS SHOULD BE CONSIDERED:

After the planning committee has completed and edited its first draft of Educational Specifications, it should then be edited by the Administrative Authorities, State and other special consultants.

The planning committee then evolves a final draft, after all edited comments are considered. These specifications are sent through the appropriate Administrative channels for approval, sent to the Board of Education for adoption, and forwarded to the Department of Education for their files.

6. Submit a rough draft of the proposed educational specifications for reviewal to the Education for Exceptional Children Section and Facilities Planning Section, Department of Education.

7. Finalize specifications taking into consideration the suggestions from the above reviewers. Submit these final specifications to the Education for Exceptional Children Section and the Educational Facilities Planning Section for final review and approval.

SPECIFICATIONS FOR HOUSING LANGUAGE, SPEECH AND HEARING PROGRAMS IN FLORIDA'S PUBLIC SCHOOLS

I. Name of Instructional Program: Language, Speech and Hearing Program

A. Statement of Philosophy of language, speech and hearing program - Each school district should refer to its statement of philosophy as presented in its District Procedures for Providing Special Education for Exceptional Children and Youth. These Procedures are written or refined each year by the exceptional child teaching staff in each individual school district. The State philosophy of the language, speech and hearing program is:

> *Verbal communication is Man's most unique and complex ability. It is the pivot point of Man's learning, history and future. Each individual shall be provided the opportunity to develop effective oral communication commensurate with his physical, mental and emotional growth patterns. Through the positive and supportive attitudes generated by the community; through the skills, knowledges and attitudes introduced to the student by professional personnel; and with appropriate learning environments, equipment and materials provided by the local, State and Federal governments, children and youth shall be encouraged to acquire satisfying self-expression.*

B. Goals for language, speech and hearing program- Each school district should refer to its District Procedures. The major goal of the State language, speech and hearing program is:

> *To facilitate the acquisition of satisfying self-expression and effective oral communication by each child in the public schools.*

C. Content of language, speech and hearing program - Each school district should refer to its District Procedures.

The particular space needs, equipment, furniture, and special considerations presented below are designed for a basic language, speech and hearing program. This basic program includes three major categories.

1. Clinical assistance-- the language, speech and hearing clinician assists individual children or small groups of children with communication disorders. These children are selected from the school population by screening all or a selected percentage of the students and through teacher, student, parent, principal or other involved person's referral.

2. Resource assistance-- indirect assistance is provided students whose language, speech and hearing problems can best be handled within the classroom setting with active, mutual cooperation between the students' teachers and the clinician. Indirect assistance to these students may include but is not restricted to:

   a. Consultative services shared with the students' teachers by the language, speech and hearing clinician.

   b. Consultative services provided curriculum coordinators by the clinician.

   c. Demonstration teaching of oral language development by the clinician with assistance from the classroom teacher.

3. Prevention of language, speech and hearing disorders--this category of the State communication program includes but is not restricted to the following activities of the language, speech and hearing clinician:

   a. Knowledge of sources of noise hazards in the school community and active assistance in the reduction of the noise.

   b. Development of oral speech and language activities in the language arts and sciences curricula for students, kindergarten through twelfth grade.

   c. Education of parents as to language and speech development and the importance of hearing.

   d. Education of school personnel as to the importance of adequate oral communication in the academic welfare of students.

   e. The importance of clear oral communication exhibited by members of the faculty.

   f. Inclusion of language, speech and hearing courses into the child development sequence in the high school human ecology curriculum.

D. Processes and activities of the language, speech and hearing clinician- Each school district should refer to its District Procedures for Providing Special Education for Exceptional Children and Youth.

The State overall description of processes and activities of the language, speech and hearing clinician includes but is not restricted to:

1. Processes--

a. Screening of children's language, speech and hearing abilities by listening to each child's spontaneous or controlled language and speech productions and by checking selected frequencies at a set deciBel level on an audiometer for hearing
b. Obtaining comprehensive information pertaining to the child's aural/oral abilities through indepth diagnostic evaluations
c. Providing appropriate assistance to those children who require the direct clinical assistance by the clinician. This assistance may be provided:

1. Individually with the child

2. With several children at once

3. Individually and with other children and scheduled many ways which may include among numerous designs

a. every day, several times a day
b. clinical assistance every day
c. clinical assistance several times a week
d. intensive clinical assistance whereby the student is seen for a projected period of time each day for several months

d. Providing professional assistance to the parents pertaining to the student's communication needs; no direct assistance to the student

e. Providing language, speech and hearing assistance within the classroom for selected children with communicative disorders

f. Providing updated client and program information to parents, teachers, principal, county, state and federal administrators

2. Activities of clinician--among the language, speech and hearing clinician's activities are:

   a. Searching for more optimum procedures with which to assist children; through professional literature; media of all types
   b. Screening
   c. Diagnosis
   d. Therapy
   e. Maintaining current records of each student's progress
   f. Maintaining a functional file system for each student and each aspect of language, speech and hearing program
   g. Parent conferences
   h. Communication with other agencies and other professional persons
   i. Observation of students in classroom activities, relationships with other students
   j. Providing information leading to the prevention of language, speech and hearing disorders
   k. Preparation of appropriate materials for students ranging from age three to eighteen years
   l. Manipulating specialized equipment
   m. Designing opportunities for students to practice their new communication skills while clinician is not present
   n. Maintaining confidentiality of each child's files
   o. Designing and operating an appropriate evaluation system which reflects the client's progress and the educational contribution to the student's welfare by the language, speech and hearing program
   p. Assisting in the preparation of language, speech and hearing clinicians by receiving interns from training programs within the State

E. Activities of pupils while in the language, speech and hearing program area--Therapy activities may include:

   1. Listening to speech, sounds, words, sentences, paragraphs with particular emphasis on individual speech sound characteristics; rhythm or quality of speech or structure and semantic aspects of language

   2. Watching the clinician producing the sample of language and speech

   3. Producing the appropriate response

   4. Watching himself give the appropriate response

   5. Listening to his own response and evaluating the productions

   6. Using the new language or speech in a controlled situation, in play, in controlling another person, with classmates, activities contingent to therapy:

a. Being attentive to directions and completing language, speech and hearing tasks which require concentration
b. Acting-out feelings when frustration occurs from lack of verbal ability to express himself
c. Working by oneself with recording-playback equipment
d. Students may be in the language, speech and hearing area in small groups, individually, for short periods of time (5-10 minutes) to one hour in time each day. A quick change of students sharing the program area is not unusual

F. Future trends that may affect the language, speech and hearing program area

1. The clinician within the school will become the community clinician providing services for clients ranging in age from birth through old age

2. The clinician will become the communication specialist for the school and will assist development of the regular curriculum within the school emphasizing oral communication

3. Each school with 750 students will have its own language, speech and hearing clinician

4. Classes for the educable mentally retarded and trainable mentally retarded will be assisted daily by the language, speech and hearing clinician

II. Space Needs For A Basic Language, Speech and Hearing Facility

A. Projected membership in each language, speech and hearing area

1. Each school district should refer to its District Procedures

2. Membership for this basic language, speech and hearing facility: designed to house students individually; accommodate a small group of students (3-5 in number); and accommodate students from the age of 5 through the age of 18: Approximately 25 children will utilize this program area during a school day

B. Optimum class size - Fluctuates based on needs of students: plan for maximum group size of six

. Number of class sections--This basic facility is designed as the [illegible] speech and hearing program area in the school. To be utilized by the clinician each day of school year

. Number of therapy periods in the daily schedule--This basic facility is designed to accommodate a flexible schedule each day. At this date, the average therapy schedule consists of 4-10 periods of therapy per day

. Square footage per language, speech and hearing program area

1. Each school district should refer to its District Procedures

. This basic facility has two major square footage requirements:

a. When the clinician has desk and office space provided elsewhere in the school district, the basic facility minimum square footage is 200 square feet

b. When the clinician is based at this school, the basic facility minimum square footage is 500 square feet

III. Equipment

A. High fidelity tape recorder--cassette or reel-to-reel

B. Audiometer with bone conduction

C. Language Master or its equivalent

D. One 3' x 4' mirror on wall with curtain to cover when not in use

E. One chalkboard--4' x 5' moveable

F. One corkboard

G. Loop antenna

H. Sink

I. Intercommunication system serving room

J. Electric wall clock

K. Telephone

IV. Furniture

A. Three trap tables

B. Two wet carrels with electrical outlets and lighting

C. Six molded stackable fiberglass chairs

D. One moveable room divider

E. Two adult chairs

F. One pedestal desk

G. Four-drawer lockable filing cabinet on 4" castors

V. Built-In Casework

A. Cabinets

1. Lockable storage cabinet
2. Cabinet space below sink

B. Shelving

1. Twelve linear feet over sink area
2. Twelve-inch width for shelving

VI. Special Considerations for basic language, speech and hearing facility

A. Climate control

1. Heating, cooling and ventilation as needed
2. Heating, cooling and ventilation controlled within program area by clinician

B. Acoustics

1. Speech and/or hearing, itinerant teacher office, guidance, etc.

a. Walls extend to roof deck and specially treated for sound rating, i.e., concrete block filled with sand

b. Heating and ventilation ducts have sound baffles

c. Light ballasts have (A) or better rating

d. Electrical outlets, intercom, clock and other units placed in walls be caulked to prevent sound from entering

e. Ceiling-high sound rating acoustical tile

f. Floors-high sound absorbing carpet

g. Door frame to be especially treated to keep sound from entering door frame

h. A thermopane window in door for view purpose -especially sealed to prevent sound from entering

2. Acoustics should be treated in general to prevent sound from entering and leaving room which would interfere with instruction of speech and/or hearing

C. Aesthetics

1. Program area should be removed from possible sources of disturbing odors: e.g., cafeteria, clothes bins, lounges, restrooms

2. Coloring of room should be in keeping with rest of school

3. A window

D. Restrooms through J clocks: see Sections II-IV preceding

K. Electrical outlets

1. Two double outlets on each wall

2. One double outlet in floor protected when not in use

L. Lighting and visual control

1. Standard lighting

2. Care should be taken that there is no glare and shadows do not occur which would adversely affect observation of speaker's face: clinicians', students', mirror images

3. If window--control of light by shade

4. Dimming effect by switch control

5. If hearing impaired children enrolled in school, emergency flashing light system for evacuation-danger signalling

6. Students should have available the option of not being seen by classmates when in therapy sessions

M. Open or closed circuit television

1. Closed circuit television in at least one language, speech and hearing facility in the school district

2. Control of use of closed circuit television should be in the clinical facility to maintain privacy of students' sessions when desired

N. Coaxial cable; loop antenna (see Equipment section)

O. Walls

1. Flexibility of the program area is important but not if excellent acoustics or privacy diminished and not available when needed

2. Acoustic aesthetics and visual control (B,C and L) are of importance

P. Chalkboards (see equipment section)
Q. Bulletin Boards (see equipment)
R. Floors

1. Carpeted (see acoustics B)

2. Areas surrounding the language, speech and hearing setting should be carpeted, also; e.g., hallway, classrooms adjacent

S. Service, school, community

1. Opening to program area should accommodate wheel chairs

2. Consideration should be given to an adjacent area to program area where preschool children and parents could wait if program extends to preschool children

T. Reserves for the future

1. Design with expansion of program for preschool children and adults, after school-hour therapy

2. Design for therapy during summer months

U. Other

1. Air conditioning is paramount for:

a. Optimum activity by clinician and students
b. Summer program
c. Protection of clinical equipment

2. Safety factors

a. Flashing lights for warning hearing impaired

b. Openings wide enough for wheel chairs

c. Equipment easily available for use by clinician and students so that straining does not occur

d. Ingress-egress protected from weather

VII. Space Relationships of Language, Speech and Hearing Program

A. General factors

1. Acoustics

a. Away from physical education classes
b. Away from lunchroom
c. Bathrooms or teacher's lounge
d. Away from music and bandrooms
e. Away from multipurpose room

2. Access

a. Case for young children to get to
b. Case to obtain equipment and materials from outside the therapy area

B. Alternative basic space relationships for location of language, speech and hearing program area

1. Administration area

a. Benefits
   1. Quiet
   2. Easy access to telephone, intercom, cumulative folders, typewriter, teachers, nurse, counselor
   3. Administration indirectly realizes program's emphasis and activities

b. Possible deficits

1. Too close to possible disciplinary action
2. Atmosphere too restrained
3. Distance from classrooms, materials and equipment

2. Media area

   a. Benefits

      1. Hub of school
      2. Easy access to area; children feel free to come and go
      3. Equipment, material and individual areas to use these are readily available

   b. Possible deficits

      1. Students may feel constrained in making noise during language, speech and hearing sessions because may interfere with activities of others in media center

      2. Distance from cumulative records, telephone, counselor, intercom

3. Exceptional Child Wing

   a. Benefits

      1. Moneys are sometimes available to build a wing housing mental retardation, specific learning disabilities, emotionally disturbed, etc.

      2. Easier accounting of equipment, materials used in language, speech and hearing program

   b. Possible deficits

      1. Distance from regular classroom students who will be receiving language, speech and hearing therapy recommend: therapy areas placed off of hallway to wing area; entrance/exit which allows for easy flow of student traffic from both regular school students and those enrolled in special education

      2. Hesitation and misinterpretation by students toward going to a special wing

      3. Distance from cumulative files, teachers, principal, counselor, telephone, intercom system

4. Portable Building

   a. Benefits

      1. Less cost for adequate facility

      2. Freedom of clinician and students to be quiet, make noise, work individually or in groups

3. Possible housing of three components: i.e., reading specialist, specific learning disabilities teacher, language, speech and hearing clinician; or audiologist, psychologist, language, speech and hearing clinician

b. Possible deficits

1. Access unprotected from weather

2. Distance from classrooms, administration, equipment and materials, intercom system, telephone

3. Program can be forgotten by decision makers because of distance

SPECIFICATIONS FOR LANGUAGE, SPEECH AND HEARING FACILITY
SERVING 50,000 SCHOOL AGE POPULATION:

EMPHASIS ON EVALUATIONS, DIAGNOSTIC THERAPY AND
INSERVICE EDUCATION FOR GEOGRAPHICAL AREA

I. Language, Speech and Hearing Program

A-B. Philosophy and goals of program: See"Specifications for Facilities Housing Language, Speech and Hearing Programs in Florida's Public Schools "

C. Content of Language, Speech and Hearing Program serving 50,000 school age children. There are three points of content of the program within this facility

1. Providing indepth evaluation of children and youth exhibiting extremely complex language, speech or hearing disorders requiring highly specialized equipment for the evaluations

2. Therapy with these children and youth who require an intensive, non-academic therapy program

3. Inservice and preservice educational opportunities: staffing cases, analyzing clinical intervention methods and techniques

D. Processes and activities of the language, speech and hearing clinicians within this program

1. Processes

a. Diagnosis of language, speech and hearing handicaps of students from preschool to 21 years of age

b. Parent, teacher and clinician meetings concerning student's verbal communication

c. Therapy with students who require assistance at this setting

d. Referral to other adjacent professionals

2. Activities

a. Same as"Specifications for Housing Language, Speech and Hearing Programs in Florida's Public Schools"

b. Added activities to (a) above:

1. Hearing aid evaluations
2. Speech reception threshold tests and other audiological evaluations requiring noise control
3. Interns on a regular basis
4. Parent conferences on a regular basis
5. Other professional-social worker; psychologists; reading specialist; specific learning disabilities teacher working with same and/or similar population of students within facility
6. Staffing of students on a regular basis
7. Administrative and secretarial staff needed

E. Activities of pupils while in this particular language, speech and hearing program:

There will be three major categories of activities for students within this facility:

Students receiving diagnostic and staff offerings only

Students receiving diagnostic, staffing and then therapy assistance for part of the school day on a set schedule each week

Students receiving part or all of the specialized assistance offered at program site; i.e., language, speech and hearing; reading, specific learning interventions

1. Diagnostics and Staffing only

a. Students may be transported from home school to this facility where program is housed
b. Students will be seen for one-two days for intensive testing/counseling
c. May be accompanied by teacher, school clinician, parents
d. Student usually seen individually by each member or involved member of the professional staff at facility
e. May need to wait between appointments with staff members
f. Activities the same as described in Specifications For Facilities Housing Language, Speech and Hearing Programs in the Schools

2. Students receiving diagnostic, staffing and then therapy assistance for part of the school day on a set schedule each week

a. Student may be transported from other schools
b. Individual therapy or small group therapy provided
c. Activities same as (1) above and those listed in "Specifications "

3. Students receiving part or all of the specialized assistance provided in area

   a. Student goes from area to area
   b. Activities similar to "Specifications"

F. Future trends that may affect facility planning

1. Evaluation and diagnosis for all ages of people in the community: birth through old age

2. Insight into audiological needs of children and youth will increase need for audiological services

II. Space Needs

A. Projected membership

1. On the average of two students per half an hour each day; number of different students per week = 25

2. Number of students seen at one time may fluctuate from one to four

B. Optimum class size

1. Fluctuates as to need of student

2. Ranges from one to four per therapy session

C. Number of language, speech and hearing sections (only language, speech and hearing membership is presented here)

1. Minimum of two clinical activities in two separate areas occuring at same time

2. Sections will fluctuate in time for each student depending on need of student.

D. Number of language, speech and hearing periods in daily schedule

1. Schedule will fluctuate as to need

2. Three professional language, speech and hearing personnel will be involved: two speech pathologists, one audiologist

E. Square Footage per language, speech and hearing area

1. Language, speech and hearing therapy rooms: 200 square feet each

2. Diagnostic and therapy play room: 500 square feet

3. Observation room: 100 square feet

4. Audiological suite: 200 square feet

5. Staffing area: 500 square feet

6. Office area

   a. Space for two speech pathologists, one audiologist and two secretaries
   b. Approximately 500 square feet

III. Equipment

A. Language, speech and hearing therapy areas (See "Specifications")

B. Diagnostic and therapy play room (See "Specifications")

C. Observation room

1. Inter communication system--as part of closed circuit television

2. Closed circuit television with therapy rooms, staffing area

3. Earphones as part of closed circuit to allow observers to listen to separate therapy sessions

4. Control of closed circuit television by both those in observation booth and also by clinician in therapy sessions

D. Audiological suite

1. Entire suite consists of specialized equipment

2. Equipment to be selected by the audiologist

E. Staffing Area

1. Dictating equipment
2. Chalkboard
3. Bulletin board
4. Screen
5. 16 mm projector
6. Overhead projector
7. Filmstrip projector
8. Polaroid camera

F. Office area equipment

1. Four electric typewriters
2. Xerox machine
3. Three dictaphone machines
4. Two dictaphone playbacks
5. Adding machine
6. Pencil sharpener

IV. Furniture for language, speech and hearing area

A. Language, speech and hearing therapy areas (See "Specifications")

B. Diagnostic and therapy play room (See "Specifications")

C. Observation room

1. Five adult chairs with arm rests
2. Dimming light switch

D. Audiological suite

1. Desk
2. Three adult chairs
3. Two children's chairs
4. File

E. Staffing area

1. Table length = 6' ; width = 5'
2. Chairs = 12 adult chairs with arms
3. Equipment cart
4. Bookshelves = 6' high, 3' long, 18" deep; on casters, moveable shelves

F. Office Area

1. Two secretarial desks
2. Three desks for professional staff
3. Five file cabinets: four drawer, letter-size with lock
4. Seven adult chairs
5. Three children chairs, stackable
6. Casework table: 6'x4'x3' high

V. Built in Casework

A. Therapy area(See "Specifications")

B. Diagnostic and therapy playroom (See "Specifications")

C. Observation area - optional casework

D. Audiological suite - optional casework built in

F. Office area

1. Cabinets

a. Seven cabinets each 4'x2'x3' high
b. Three adjustable shelves each
c. Lockable

2. Closets

a. Two closets to store large paper, extra copies of brochures, pamphlets, etc., coats, umbrellas
b. Square feet= 60

VI. Special Considerations

A. Climate control (See "Specifications")

B. Acoustics (See "Specifications")

C. Aesthetics (See "Specifications")

D. Restrooms

1. One boys
2. One girls
3. Faculty lounge and restroom area

E. Gas n/a

F. Water (hot and cold)

1. To supply boys, girls, faculty restrooms
2. To supply sink in play therapy area

G. Sinks

1. Play therapy area: low enough for young children to reach
2. Girls, boys, two in faculty lounge
3. Faculty lounge: one: large enough to accommodate coffee urns; dishes
one: restroom area

H. Telephone-- two lines in office area with hold extensions for each professional member

I. Intercom

1. Servicing entire area: language, speech and hearing; reading, specific learning disabilities; social worker; psychologist

2. On and off from office area and within individual professional area

J. Clocks
One wall clock in each area of activity

K. Electrical outlets
Well-placed for activities in each area

L. Lighting and visual control (See "Specifications")

M. Open or closed circuit television (See "Equipment Area")

N. Coaxial cable, loop antenna (See "Specifications")

O. Walls-folding (See "Specifications")

P. Chalkboards (See "Specifications")

Q. Bulletin Boards (See "Specifications")

R. Floors (See "Specifications")

S. Services

1. Access driveway required to assist students, parents from distance

2. Parking: 27 extra parking spaces needed for school site to assist clients and staff

3. All architectural designs must comply with guidelines for the handicapped

T. Reserves for the future n/a

U. Other--Flashing lights for emergencies

VII. Space Relationships (See bubble diagram following)

BUBBLE DIAGRAM FOR EVALUATIONS, DIAGNOSTIC THERAPY AND INSERVICE EDUCATION
(50,000 school age population)

SPECIFICATIONS FOR FACILITIES HOUSING EARLY CHILDHOOD PROGRAMS FOR CHILDREN WITH SEVERE LANGUAGE DISORDERS

I. Name of Instructional Program: Early Childhood Education for Children With Language Disorders

A. Statement of Philosophy of Early Childhood Program - Each school district should refer to its statement of philosophy as presented in its District Procedures for Providing Special Education for Exceptional Children and Youth. These Procedures are written or refined each year by the exceptional child teaching staff in each individual school district. The State philosophy of the early childhood program for children with language disorders is:

> *Verbal communication is Man's most unique and complex ability. It is the major tool utilized by Man in his quest for learning, remembering his past and building his future. Each individual shall be provided the opportunity to develop effective oral communication commensurate with his physical, mental and emotional growth patterns. Through the positive and supportive attitudes generated by the community; through the skills, knowledges and attitudes introduced to the student by professional personnel; and with appropriate learning environments, equipment and materials provided by the local, State and Federal governments, children and youth shall be encouraged to acquire satisfying self-expression. Through interventions at an early age by parents, family members and language and speech clinicians, a child with a severe language disorder can be assisted toward acquiring adequate oral communication prior to his formal education experiences. It is during these years from birth through five, that the vocabulary, syntax and much of the semantics and phonetic characteristics of language are learned by a child.*

B. Goals

The early childhood program for children with severe language disorders shall have as its goal:

> *Each child shall have an opportunity to develop meaningful and self-satisfying oral communication commensurate with his mental, physical and chronological ages. These communication skills will be assisted through the child-centered individualized setting which will have an emphasis on positive reinforcement of the child's language and speech activities.*

C. Subject and Content of Early Childhood Program for Children With Severe Language Disabilities

There are two major components of early childhood programs for children with severe language disorders:

1. Family and clinician building a communication environment for the child within the family's home

   a. Activities occur primarily in the family's home with the clinician assisting the family in their providing language reception and language stimulation situations to the child
   b. Children are usually from birth through three years of age and the clinician goes to the family and the community involved
   c. The family members come to meetings of other families where ideas, thoughts can be shared

2. Clinician builds an educational-therapy setting away from family site, with an emphasis on receptive and expressive language activities. Among the objectives here are:

   a. To begin school-family relationships with anticipation toward formalized education in near future
   b. To further independence of child
   c. To encourage his desire to use oral communication with other children
   d. To organize language input to the child so that he can manipulate his environment with less frustrations
   e. To provide appropriately timed and chosen reinforcements for the child's efforts at communication

These settings are provided usually when the child is three years of age. These settings are the subject of the following facility considerations.

D. Processes and Activities of Language and Speech Clinician

Paramount to the success of the child with a severe language disorder in acquiring adequate oral communication, will be the atmosphere of warmth, acceptance, and the knowledges, skills and attitudes exemplified by the clinician. The activities of the clinician are aptly presented in part in the publication, A Guide: Early Childhood Education In Florida Schools, Bulletin 76, Department of Education, Tallahassee, Florida 1969.

In addition to the processes and activities discussed above, the clinician must organize the day's activities so that oral language is controlled as to her use of vocabulary, syntax, and semantics. Each adult involved with the children should augment the clinician's oral language with the children by using the same nouns, verbs, syntactical structures. The major emphasis for the day is relaxed, oral communication activities with actions commensurate with child's interest and abilities.

Reception of language is important during this age span, so the teacher/clinician uses music, physical activities, art to accompany the words being given the child.

Small groups (2-4 children); individual assistance, all children at once engaged in an activity, characterize the teaching.

E. Activities of Pupils Within These Early Childhood Settings

The activities for severe language impaired children are similar to those of children with normal language development. There is often a need, however, to organize activities in a manner whereby the child does not become unduly frustrated by a bombardment of choices words, physical action. Centers of activity would include but are not limited to:

Blockbuilding
Store center
Home center
Art center
Music center
Outside Play center
Story center - Puppets, creative dramatics
Science center - Fish, hamsters, turtles, etc.
Rest activities
Snack time
Quiet time center - child/clinician can work together

F. Future Trends That May Affect Facility Planning

1. School clinician may become community clinician assisting all ages of clients from birth to old age

2. Early identification from birth to three years of age of children with high risk potential for language disorders, may alleviate numbers of children requiring early childhood educational settings

3. Converse to the above, each facility should be built to accommodate wheel chairs, physically handicapped, visually impaired and hearing impaired preschool aged youngsters as the incidence should increase during this decade.

II. Space Needs

A. Projected membership: Five to eight children from the age of 3-4 years. No more than an 18 month spread of age range within the group.

B. Optimum class size: Eight children. This seems to provide enough children for free play while allowing the clinician to know each child well and to develop activities in a thorough manner.

Numerous variations of class size can occur depending upon needs of children. For example, one severe language impaired child plus four children with adequate language development seems a feasible ratio for designing an early childhood program for language impaired children. In this setting, there would be an Early Childhood teacher for some 16 regular early childhood children plus a speech and hearing clinician full-time in the same classroom working with the four language impaired children singularly and in groups with the other class participants. Both the classroom teacher and the clinician would work with the 20 children in their activities and as the needs occurred.

C. Number of class sessions: The children would meet each school day for a half a day when three years old. The four year olds would be either one-half day or a full-day, depending on children's needs and transportation.

D. Number of instructional periods in the daily sessions;
One session divided into parallel activities and an average of three occasions for the class membership to work as a group.

E. Square footage: Wherein the class membership consists of the eight children with severe language disorders, size of classroom should be 500 square feet minimum. For the twenty children Early Childhood Center, 30 square feet per child is recommended as a minimal floor space. See, A Guide: Early Childhood Education in Florida Schools, pp.50-54.

III. Equipment

The reader is referred to, A Guide: Early Childhood Education in Florida Schools, Bulletin 76, 1969, Department of Education, Tallahassee, Florida, pp. 56-68.

IV. Furniture

The reader is referred to A Guide: Early Childhood Education in Florida Schools, Bulletin 76, 1969, Department of Education, Tallahassee, Floirda, pp. 56-68.

V. Built-In Casework

Ibid. pp. 56-68

VI. Special considerations

Ibid. pp. 50-68

VII. Space Relationships

Ibid. pp. 50-68

LANGUAGE, SPEECH AND HEARING

MOBILE UNIT DESIGN

I. Name of Instructional Program: Language, Speech and Hearing

A-F: Philosophy; goals; content; processes and activities of clinician; activities of students; future trends: See "Specifications.."

II. Space Needs

A-E: Projected membership; optimum class size; number of sessions; number of instructional periods in daily schedule; square footage per instructional area: See "Specifications" and VI. Special Considerations below

III. Equipment - See "Specifications"

IV. Furniture -- See "Specifications"

V. Built-in Casework-- See "Specifications"

A. Cabinets

1. Over wheel wells, floor to ceiling
2. Width: 35", Depth: 18"

B. Counter

1. Height =36"
2. Length = 36"
3. Depth = 18"
4. Cabinets below

VI. Special Considerations

A. Climate control

1. Reverse -cycle air conditioning unit thermostat controlled
2. Cooling/heating must be available to all sections of mobile unit; base board.
3. Heating/cooling should be available to driver when unit is in motion.
4. Acoustics are of importance. Baffling of heating/cooling unit must be a accomplished.
5. Heat/cooling unit if placed on top of mobile unit should clear entrances to school bus barn, garage, school bus ports.
6. Distance should be maintained between heating/cooling unit and audiological testing area within mobile unit.

7. Tinted glass in all windows is recommended.
8. Windows are recommended for mobile unit to provide ventilation.
9. Curtains are recommended for windows.

B. Acoustics

1. Carpeting floor, walls and ceiling is recommended
2. Parking area at school site should be checked for noise generation
3. Baffling of heating/cooling unit should be accomplished

C. Aesthetics

1. Color should give brightness to area but not provide glare
2. Windows for ventilation plus increase in sense of space.

D. Restrooms N/A

E. Gas N/A

F. Water

1. Sink is optional
2. Water tank to be tended, filled by school bus maintenance department

G. Sinks (See F. above)

H. Telephone

1. Telephone hook-up with school
2. Radio telephone or telephone jack into school

I. Intercom (See H above)

J. Clocks

1. One wall clock in therapy area
2. Battery run or wind clock if electrical output not available while mobile unit in motion.

K. Electrical outlets

1. Outlets - easily reached by clinician, numerous.
2. Three-prong, grounded outlets.

L. Lighting and visual control

1. Lighting of therapy area should provide non-glare, non-shadow on faces of speakers and on table work area.
2. Lighting in driver's area should assist driver in map reading.
3. Switches close to driver's entrance for convenience.
4. Curtains at windows for privacy and reduction of glare.
5. Panel or curtain between driver's area and therapy area to diminish distraction of students

M. Open/closed circuit television optional

N. Coaxial cable, loop antenna

1. Connection with school for electricity source via 110/120 heavy duty outside power cable 50' in length.
2. Extension cable to be used if more than 50' required at particular school site.
3. Take-up reel for cable with spring ratchet
4. Motor of mobile unit should be controlled at cable attachment so that unit can not start while cable connected with school.

O. Walls

1. Insulation of walls with fiber glass
2. Walls within therapy area, dividing area should be sound treated: carpet, acoustical tile

P. Chalkboards

(See "Specifications")

Q. Bulletin Board (See"Specifications")

R. Floors

1. Carpeting requires maintenance; small vacuum cleaner in storage of unit recommended
2. Maintenance under control of school district maintenance department

S. Service

1. Access driveways to therapy area at school site

   a. Circular drive for mobile unit;
   b. Illegal to back mobile unit while it is on school grounds

2. Parking area for mobile unit at school site

   a. Parking area should not disturb flow of car, bus, pedestrian, student traffic.
   b. Area should be away from noise: i.e., cafeteria, playground, bandroom
   c. Area should be protected from weather, mud and sand
   d. Area should be level and paved.
   e. Area should be shaded from direct sun
   f. Area should be convenient to electrical outlet for mobile unit

3. Electrical outlets at school site

   a. Outlets should be within reach of clinician; ground level outlet is recommended;

   b. Hazards should be removed from outlet site: bushes, trees, holes;

   c. Area should be protected from mud to prevent cable from becoming coated and difficult to handle;

   d. No more than 45' extension of cable is recommended for unit-outlet distance.

T. Reserves for the future(see schematic drawing VIII)

U. Other

1. Dimensions of language, speech and hearing mobile unit

   a. Outside dimensions

      1. Length: minimum 20'
         maximum 27'

      2. Height: minimum 8½'
         maximum 10½'

      3. Width: 8'

   b. Inside Dimensions

      1. Length of therapy area exclusive of cab space: minimum: 16'
         maximum: 22'

      2. Height: minimum 6'
         maximum 6½'

      3. Width 7'8"

2. Construction materials for mobile unit

   a. Aluminum, fiber glass or rust treated steel;
   b. Maintenance, safety, and cleaning of exterior should be considered

3. Safety considerations for mobile unit

   a. Exterior

      1. Adequate rear mirrors
      2. Steel roll bars
      3. Added steel bars at driver's area for protection
      4. Steel underplate for protection

b. Driver's area

1. Power steering
2. Power brakes
3. Automatic transmission
4. Clear vision to rear, sides, forward
5. All equipment, furniture securely fastened.
6. Steps from exterior to cab built into mobile unit
7. Fire extinguisher
8. Flares

c. Therapy area

1. Closets, doors locked during transit
2. Straps for equipment and moveable furniture
3. Ridging on shelves to prevent sliding of material/equipment
4. Foam rubber on shelves for equipment
5. Crash away emergency window
6. Rear or back side exit for emergency
7. Covering of sharp corners, no projecting objects which snag, puncture
8. Steps for students should be firm, not tippable. Recommend built into mobile unit

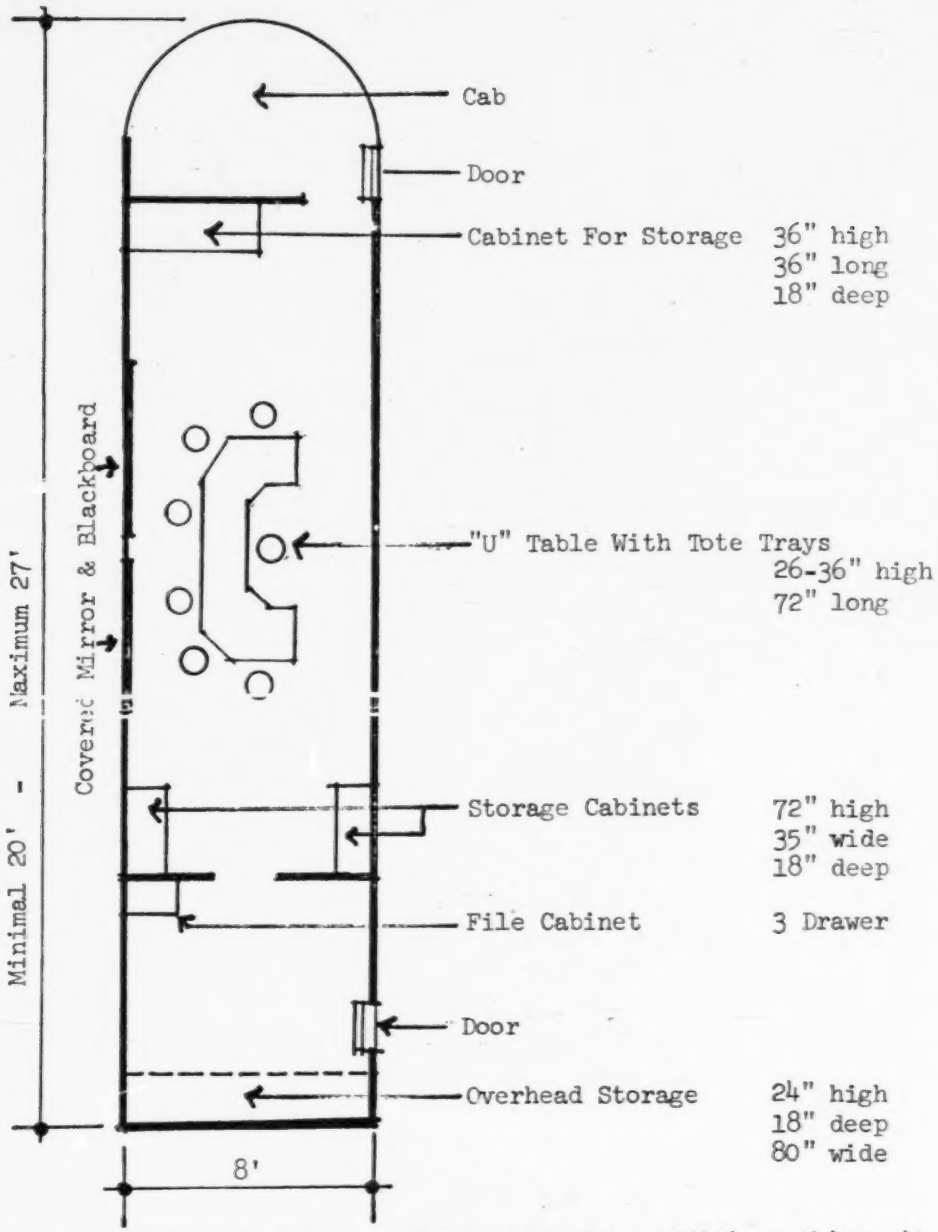
d. Miscellaneous

1. Maintenance of mobile unit: cleaning exterior and interior, should be clearly stated as to duties of maintenance department prior to mobile unit first being used;
2. Over night parking should be mutually agreed upon by administration and clinician;
3. Door lock in handle to mobile unit: door is not recommended

VII . Space Relationships

(See Schematic diagram following)

MOBILE UNIT


Cab
Door
Cabinet For Storage 36" high 36" long 18" deep
Covered Mirror & Blackboard
"U" Table With Tote Trays 26-36" high 72" long
Minimal 20' - Maximum 27'
Storage Cabinets 72" high 35" wide 18" deep
File Cabinet 3 Drawer
Door
Overhead Storage 24" high 18" deep 80" wide
8'

This schematic drawing is for a basic mobile unit. With appropriate additions this unit may be designed to accommodate two teachers or to include a hearing examination booth that meets NASI standards or have an observation area with one way mirror and sound system between the therapy and listening area.

PARTIAL LIST OF MANUFACTURERS OF LANGUAGE, SPEECH AND HEARING MOBILE UNITS

Condor Coach
11262 74th E. Rush Street
El Monte, California

Educational Electronics, Inc.
Wilson, North Carolina

Flexible Southern Company
Evergreen Alabama 36401

The Gerstenslager Co.
Wooster, Ohio

Lyncoach
Troy, Alabama

Medical Coaches, Inc.
Country Club Road
Oneota, New York 13820

Mobile Classroom
Route 4-Box 149 E
Lake City, Florida

Superior Coach Corp.
Lima, Ohio

H. Travelab
PM and E Electronics, Inc.
P.O. Box 2 4263
E. Providence, Rhode Island

FURTHER SPECIFICATIONS AND SUGGESTIONS

District Itinerant Professional Personnel:

Staff Office Space

1. A centralized home base is a necessity for a school district's itinerant professional personnel. This home base should be designed to allow for in-service programs; central files; staffings; media center; storage of equipment; secretarial space, coordination of the program; and dissemination of information.

   It is suggested that all school district itinerant personnel be housed in one large office building; i.e., language, speech and hearing clinicians; psychologists, social workers, reading specialists.

NOTE: Equipment--Storage in a centralized location of the itinerant equipment at the end of a school year is required for three reasons: inventory; maintenance; and ease of reassignment in the fall.

During the school year, a district policy should be maintained which encourages maximum utilization of the equipment assigned to the staff. Other school personnel should have the opportunity to use the equipment after receiving the clinician's and coordinator's permission and having signed for the loan of the equipment.

2. In a room where itinerant personnel are sharing office space, each person should have:

   A. 2 drawer file cabinet per person

   B. 1 full-sized storage cabinet per 4 persons

   C. 1 teacher's work table per 4 persons

   D. Tables and chairs

      1. 3 tables (two persons per table)
      2. 6 chairs
      3. 3 adult chairs per 4 persons

   E. 1 full-sized book case per 4 persons

   F. 1 telephone with outside line

Extension of Budget and Adapting Existing Facilities:

1. Cardboard Furniture

   If budget is limited, cardboard furniture may be used.

2. Sound modules

   These modules can be used where there is no conventional room space within a school. They cut out sound well and can accommodate four students and one teacher easily. There is a problem of moving sound modules from school to school.

3. Changing facilities which exist

   a. Finger plan: use space between wings; cover and use for therapy, media or open space area

   b. Auditorium: section off for classroom; raise floor if necessary. If high ceiling area, drop ceiling and make a second floor.

RECOMMENDATIONS FOR APPROPRIATE NUMBER OF LANGUAGE, SPEECH AND HEARING CENTERS WITHIN INDIVIDUAL SCHOOL PLANTS

I. Minimum Language, Speech and Hearing Therapy Facilities Within Each School Building

A. Quiet, heated, cooled, ventilated, lighted, easily accessible, and uninterrupted room with the minimum of uncluttered floor space: 200 square feet for itinerant services.

B. Quiet, heated, cooled, ventilated, lighted, easily accessible, and uninterrupted room with the minimum of uncluttered floor space: 500 square feet for home based and/or one-school therapy program.

II. Number of Therapy Spaces Within A School Facility Based on Size of School Enrollment (Professional interpretation of the need for therapy by children within a school must take precedent over decisions for therapy which are based on population size and projected incidence)

A. Elementary School

1. Enrollment in school of 1,500 and above = 2 full-time language, speech and hearing clinicians;

2. Enrollment in school of 750-1,500 students = 1 full-time language, speech and hearing clinician;

3. Enrollment in school of 749 and less students = part-time clinician (up to and including 1/2 full-time clinician depending on need);

4. Elementary schools with two-room special education wings and the entire school enrollment totals 750-1200 = 1 1/2 full-time clinicians;

5. Where there are four or more classes for children in special education at a school site, a full-time clinician should be housed to assist these children and be considered a full-time member of the school's faculty. The children enrolled in regular classrooms would be assisted by a clinician working either as a full-time clinician or part-time for the regularly enrolled children, depending on need.

Incidence studies of various degrees of thoroughness have indicated that approximately 3.5% of the general population has a language or speech defect which affects educational and social adjustment. In addition to the general population, those children with primary handicaps of mental retardation, social maladjustment, emotional disturbances, severe hearing impairment, and other discreet handicaps have a much higher percentage of language and speech disorders which requires direct clinical assistance by communication specialists. The following estimates

are based on professional empirical data.

a. 3.5% of ADM minus 9.59% of ADM population = speech disorder as primary handicap.

b. 25% of EMR students require direct clinical assistance.

c. 40% of TMR students require direct clinical assistance.

d. 25% of SLD students require direct clinical assistance.

e. 100% of deaf population require direct clinical assistance.

f. 12% of emotionally disturbed students require direct clinical intervention.

g. 12% of socially maladjusted students require direct clinical intervention.

h. 12% of blind and partially sighted require direct clinical assistance.

i. 40% of physically handicapped require direct clinical assistance.

j. 60% of hard of hearing require direct clinical assistance.

k. 3.5% of gifted require direct clinical assistance.

l. 3.5% of homebound and hospitalized require direct clinical assistance.

m. .09% of population have language disorders and require full-time (school day) involvement by clinicians.

13.09%	(total exceptional child population)
-3.50%	(speech handicapped school population)
9.59%	(school population with primary handicap other than speech)

B. Middle and Secondary Schools

1. 2,200 and above= 2 full-time language, speech and nearing clinicians;

2. Enrollment of 1,800-2,200 = 1 full-time language, speech and hearing clinician;

3. Enrollment of 1,200 and below = 1 part-time language, speech and hearing clinician.

III. Diagnostic Therapy, Inservice Education, Intern Training Center

A. Where there is a school district population of 50,000 and above, there should be 1 diagnostic-training center per majority of 50,000.

B. Where there is a school district population of less than 50,000, elementary schools of 900 students should have a wing of no less than three well-equipped, well-designed rooms for professional personnel in language, speech and hearing; specific learning disabilities; emotionally disturbed.

IV. Early Childhood Programs for Children With Severe Language Disorders

A. Assistance for families of children who are high risk for communication handicaps should be available form the birth of the child. This approach emphasizes the clinician going to the family's home.

B. For the communicatively handicapped child who is of preschool age, the language, speech and hearing program should offer services of which the following are an example:

1.) Direct assistance by the clinician to family members concerning the means of developing a communication environment in the home for the child.

2.) Early Childhood programs whereby the first home-school associations are achieved by the child. Child attends therapy-childhood education sessions for half a day, five days a week. The six to eight other children in attendance are also children with severe language disorders. Emphasis is on the development of language and the language, speech and hearing clinician is the clinician/teacher.

3.) Early childhood program inwhich the communicatively handicapped child joins a regular early childhood program. The teacher and the language, speech and hearing clinician are with the children during their daily activities.

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